

Utah State Office of Rehabilitation

***PROGRAM
EVALUATION &
QUALITY
ASSURANCE
MANUAL***

March 2009

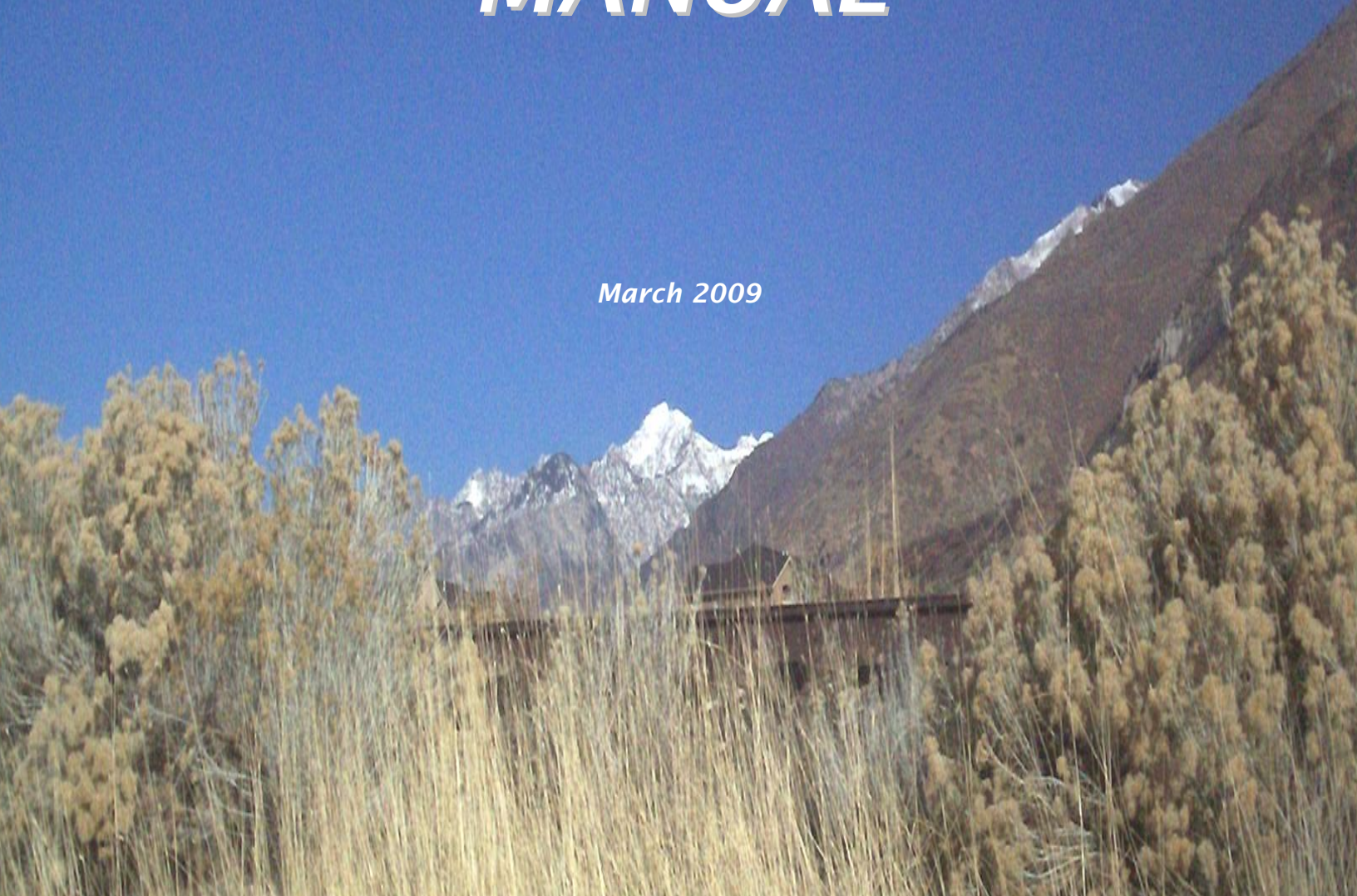




TABLE OF CONTENTS

<i>Annual Case File Review</i>	<i>6</i>
<i>The Summit on Vocational Rehabilitation & Program Evaluation.....</i>	<i>8</i>
<i>Leadership Development Group and Initiative</i>	<i>10</i>
<i>Monthly Case File Review.....</i>	<i>14</i>
<i>Staff Advisory Committee.....</i>	<i>15</i>
<i>Horizon Group</i>	<i>18</i>
<i>Data Sharing and Research</i>	<i>20</i>
<i>USOR/USOE Bill Payment System</i>	<i>27</i>
<i>Post Authorization Review</i>	<i>29</i>
<i>State Audit of Basic Financial Statements</i>	<i>31</i>
<i>Consumer Satisfaction Survey</i>	<i>33</i>
<i>Statewide Comprehensive Needs Assessment.....</i>	<i>34</i>
<i>Contracted Projects for 2009</i>	<i>37</i>

APPENDICES

<i>A- Agency Overview.....</i>	<i>38</i>
<i>B- Leadership Training Assessment Form</i>	<i>39</i>
<i>C -Casefile Review Instrument.....</i>	<i>40</i>
<i>D- USOR Form 23 - Authorization & Billing for Services</i>	<i>45</i>
<i>E- Telephone Quote Bid Sheet</i>	<i>46</i>
<i>F- Sole Source Request</i>	<i>47</i>
<i>G- Post Authorization Review – IRIS Screen</i>	<i>50</i>
<i>H- Consumer Satisfaction Survey</i>	<i>51</i>
<i>I - Open Consumer Survey for Comprehensive Needs Assessment</i>	<i>53</i>
<i>J- Closed Consumer Survey for Comprehensive Needs Assessment.....</i>	<i>57</i>
<i>K- VR Counselor Survey for Comprehensive Needs Assessment.....</i>	<i>61</i>



USOR'S MISSION

To assist eligible individuals with disabilities to prepare for and obtain employment and increase their independence.

VISION

We envision a community which provides the highest quality services and empowers clients and staff in an environment of teamwork that results in rewarding employment, independence and self-fulfillment.

In support of our Mission and Vision, we Value:

RESPECT

DIGNITY

TRUST

KINDNESS

DIVERSITY

INTEGRITY

USOR'S COMMITMENT TO EXCELLENCE IN QUALITY ASSURANCE

The Utah State Office of Rehabilitation (USOR) is committed to being the national leader in providing the highest quality vocational rehabilitation services to the people of Utah, setting the standard for effective, efficient and responsive public service. USOR will do so in a manner that exceeds the expectations of consumers and federal and state regulations.

In order to accurately evaluate the quality of service provision, USOR has established the Program Planning and Evaluation Unit designed to provide an objective quality assurance process independent of specific service provision programs.

This program is managed by the USOR Program Planning and Evaluation Specialist under the direction of the USOR Director of Administrative Services under the authority of the USOR Executive Director. Please review the organizational chart in Appendix A.

The program is designed to provide the Executive Director with accurate, honest, timely and relevant information needed to guide decisions.

The Program Planning and Evaluation Unit conducts activities that review all functions under the Utah State Office of Rehabilitation. The unit reviews compliance with state and federal laws, federal regulations, case service policy and procedure and ideas for improvement from USOR employees; develops written reports containing findings and recommendations for improvement; and assists in the development and implementation of Quality Improvement Plans and staff training activities.

Recognizing that quality assurance methods change over time, the USOR Program Planning and Evaluation team continuously reviews these activities and, through collaborative relationships with other entities, seeks to improve the program through training and technical assistance.

CUSTOMER SERVICE

Consumer Satisfaction Survey
State Rehabilitation Council
Facility Survey
Statewide Comprehensive Needs Assessment
Quarterly Client Assistance Program Meetings
Social Security Benefit Verification
Closure Review Instrument
Advocacy Training
Employment Resource Center/Business Liaison
Choose to Work Performance Evaluation
Economic Impact Study

FINANCIAL

State Audit
Post Authorization Review
USOR/USOE Bill Payment
System
RSA Fiscal/Data Conference

STAFF PROFESSIONAL DEVELOPMENT

EDNET
Annual Case File Review
The Summit on Vocational
Leadership Training and
Development
Rehabilitation Program Evaluation
Certified Public Manager Training
Supervisors' Academy
Comprehensive System of Personnel
Development
Basic Counselor Orientation &
Training
Professional Conferences
District Staff & Team Meetings
Employee Selection Process
Performance Plans & Evaluation
Region X Emerging Leaders
URA & USOR Annual Training
Conference

USOR'S COMMITMENT TO EXCELLENCE IN QUALITY ASSURANCE

POLICY AND PROCEDURE

Monthly Case File Review
IRIS Committee & Audits
Staff Advisory Council
Horizon Group
Data Sharing
Case Service Caucus
State Administrators' Meeting
Region VIII Annual Meeting (Directors/Case
Service Managers)
CSAVR
Senator Hatch Advisory Committee on
Disability Issues
"Bright Idea" Cards
Writing of the State Plan
Facilities Committee

ANNUAL CASE FILE REVIEW

Established in 1997, the annual case file review is a quality assurance tool that is used for continuous improvement within the vocational rehabilitation program. It serves four purposes. First, this activity provides agency staff with valuable training and professional development through the opportunity of reviewing the work of their peers, becoming more familiar with case service policy and procedure, and through their interactions with other review team members. Second, because all Supervising Rehabilitation Counselors, District Directors and Field Service Directors participate in the training and review team. The process ensures a high level of consistency system wide in the interpretation of case service policy and procedure and on the monthly case file reviews. Third, a debriefing conducted at the end of the weeklong review helps to identify common areas of concern with case management, propose changes to the case file review instrument and/or process, and identify agency goals for staff training and professional development. Fourth, this activity provides vital information to USOR administrative staff assisting in the development of policy and procedure.

This review is generally held between May and August each year at the offices of the Division of Services to the Blind and Visually Impaired in Salt Lake City. Prior to the weeklong review, a two day training session involving the review team and all Supervising Counselors, District Directors, and case service administrators is conducted that focuses on the review instrument and case service policy and procedure. The annual review activity started in 1997, and has been conducted each year. In 2008, 23 review team members reviewed 247 case files that were previously closed in status 26 and 28. The review team consists of the Program Director of Case Services, Field Service and District Directors, Supervising Rehabilitation Counselors, Rehabilitation Counselors and readers for those with visual impairments. See appendix C for a copy of the 2008 Annual Case File Review Instrument.

Pathway

- One team member reviews each case recording responses on the Annual Case File Review Instrument.
- A second review team member reviews the same case independently.
- The first review instrument is compared with the second review instrument by Program Planning and Evaluation staff to identify differences in answers.
- If all responses by both review team members correspond the review of the case is complete and the review instrument is submitted for data entry.
- If, however, there are differing determinations made by the two review team members, the case file and review instruments are returned to the reviewers for a reconciliation process to determine the most correct response. Case service administrative staff are available to mediate this reconciliation if necessary.
- Eligibility questions are handled differently. In the event that one review team member answers “no” to any of the first three eligibility questions of the review, the reviewer is instructed to cease the review and return the instrument and file to the Program Planning and Evaluation staff. The file is assigned for a second review.

- If upon completion of the second review there is a “no” answer to any of the eligibility questions, the case file is reviewed by a Field Service Director. If the case is determined by the Field Service Director to be eligible, the case file is returned to the review team member who recorded a “no” answer on an eligibility question for the purpose of completing the full review instrument and reconciliation process.
- If the Field Service Director determines that case file documentation does not support a “yes” answer on any of the eligibility questions, a second Field Service Director reviews it. If after discussing it they reconcile indicating that they both think the case is eligible, the case is returned to the team members to complete the instrument and reconciliation process.
- If one or both Field Service Directors continue to question the eligibility documentation, the case is reviewed by the Program Director of Case Services for final determination.

Evaluation Methods and Tools

- ▶ Random selection of cases pulled.
- ▶ Documentation review of closed cases.
- ▶ Conducting of a focus group to explore experiences, reactions and suggestions for further training and improvement.
- ▶ Use of statistical analysis to determine which review questions may be too confounding and will be recommended for change.

Relationship to the State Plan

The Utah State Plan for Vocational Rehabilitation documents the agency’s goal to attract value and retain quality staff. Academic studies indicate the existence of a relationship between continuing education, professional development, and employee satisfaction and retention. The annual case review activity is one of USOR’s internal continuing educational opportunities that directly relates to the day to day quality of case file management and customer service.

Standards of Performance

All managers and review team members will leave the training and activity with greater skill, confidence, and competency in the review of case file management. Feedback from staff will lead to adapting the instrument so that it is more clear, useful and relevant to that year’s needs for case reviews.

The Summit on Vocational Rehabilitation Program Evaluation

USOR believes that interstate collaboration plays an integral part in gaining feedback, developing best practices, and sharing new ideas for quality assurance and program improvement. The Summit on Vocational Rehabilitation Program Evaluation is an interstate conference for the purpose of providing educational experiences based on the expertise of knowledgeable professionals, begin collaborative conversations and inspire all to move towards excellence in program performance and quality assurance. On September 25th and 26th, 2008, the first Summit was held in Salt Lake City Utah. The agenda included presentations, an open forum discussion for all state program planning and evaluation specialists and a networking activity. The 12 presenters and facilitators came from 8 different states. 47 attendees came from 26 different states. Colorado's state vocational rehabilitation program and the TACE from region VIII have agreed to co-host the Summit in September 2009 in Denver, Colorado. More information can be obtained about the 2009 Summit by contacting Carol Feuerbacher, the Program Planning and Evaluation Specialist for the Colorado State Vocational Rehabilitation Program at carol.feuerbacher@state.co.us or Scott Sabella, TACE Director for Region VIII at scott.sabella@unco.edu.

The idea for hosting a summit on Program Evaluation arose from one-on-one conference calls with 23 vocational rehabilitation programs. There were some common themes that came from these conversations. First, when asked where evaluators turned to develop new tools of quality assurance, the majority of evaluators stated that they continued to do what their predecessors had done or developed internally new tools with input from administrators that may or may not have been familiar with quality assurance methods and techniques. Second, when asked a follow up question of what other resources they used outside of their agency for continuing education or skill development in quality assurance that might be through different training centers, internet sites or resources, the majority could not indicate another resource that they had turned for their quality assurance program development. After making the proposal and gaining approval for the Summit from our Executive Director, 11 state program evaluators were emailed to see if they would be interested in such a conference and 11 sent back emails stating that they were interested. With this interest, the plans for the Summit began.

Pathway

- In November, state evaluation specialists were sent an email to determine who would be interested in serving on the Summit Planning Committee. Also, in November initial contact began to recruit presenters and facilitators.
- In December, 2007 the Summit Planning Committee was selected and committees were formed as below.
- By June, all speakers were scheduled, a Summit website including on-line registration and brochure was completed and a registration booklet and Summit materials were drafted.
- Summit Planning Committee Meetings were held via teleconference at least once every 6 weeks.

SUMMIT PLANNING COMMITTEE 2008

Summit Co-Chairs	Bertha Villegas-Kinney (Arizona) Michael Shoemaker (Utah)
Speaker's Subcommittee	Susan Foard (Hawaii) Scott Sabella (Colorado)
Venue Committee	Janae Berry and Lynn Nelsen (Utah)
Materials Subcommittee	Brian Hickman (Wyoming) Cheryl Wescott Wetsch (North Dakota) Warren Grady (North Dakota)
Marketing/Newsletter Subcommittee	Carol Feuerbacher (Colorado) Ronda Williams (South Dakota)

Evaluation Methods and Tools

- ▶ Evaluation forms from the Summit were gathered and reviewed.
- ▶ A teleconference focus group of attendees from different states was held to gather recommendations for improvement.

Relationship to the State Plan

Although building stronger and more meaningful relationships between states in the areas of quality assurance and program evaluation is not a goal on the state plan, it is goal of USOR that has secondary positive effects on goals that are in the state plan. For example, a goal in the state plan indicates USOR will ensure that all staff has adequate professional development and training. By providing the Summit, not only did the 7 USOR staff that attended benefit from further training in quality assurance, but many attendees from out of state reflected that after the Summit helped them to feel more prepared to fulfill their roles in their own respective agencies.

Standards of Performance

A Summit on Vocational Rehabilitation Program Evaluation will be held once a year and hosted by a different organization each year. Speakers, presenters, facilitators and attendees will come from at least 25 different states and will represent state Vocational Rehabilitation agencies, TACE centers, colleges and universities and research institutions. The format will encourage a blend of presentations, open forum discussion, expert panel discussions and facilitated discussions on specific topics of interest. There is the hope that both RSA and CSAVR may have an interest in endorsing and/or hosting future Summits.

LEADERSHIP DEVELOPMENT GROUP AND INITIATIVE

In September 2005, at a State Administrators Meeting USOR began the Leadership Development Group and Initiative. The primary goal is to empower managers to become better leaders focused on continuous improvement rather than maintaining the status quo, the purpose was to bring about positive change throughout the agency, assist each staff to be a leader in every interaction, and increase knowledge and skills. The processes involved lead to positive cultural change by increasing vision and values communication, involvement, and the adoption of a participative leadership approach. Some of the secondary purposes of the group are to guide succession planning, increase consumer satisfaction, improve employee morale, and increase productivity.

A central goal of the Leadership Group and Initiative is to shift agency management from a “Responsible” model of leadership to a “Responsive” model. The responsible manager model as noted by the first triangle, makes decisions at the top of the organizational hierarchy with a small number of people then communicates these decisions to departments that are lower in the hierarchy. The most common form of communication is unilateral from the manager to those whose position is lower in the hierarchy. A responsive manager is one that makes decisions with more people involved and during the decision making process communication flows both up and down the organizational hierarchy. USOR is committed to developing responsive management.

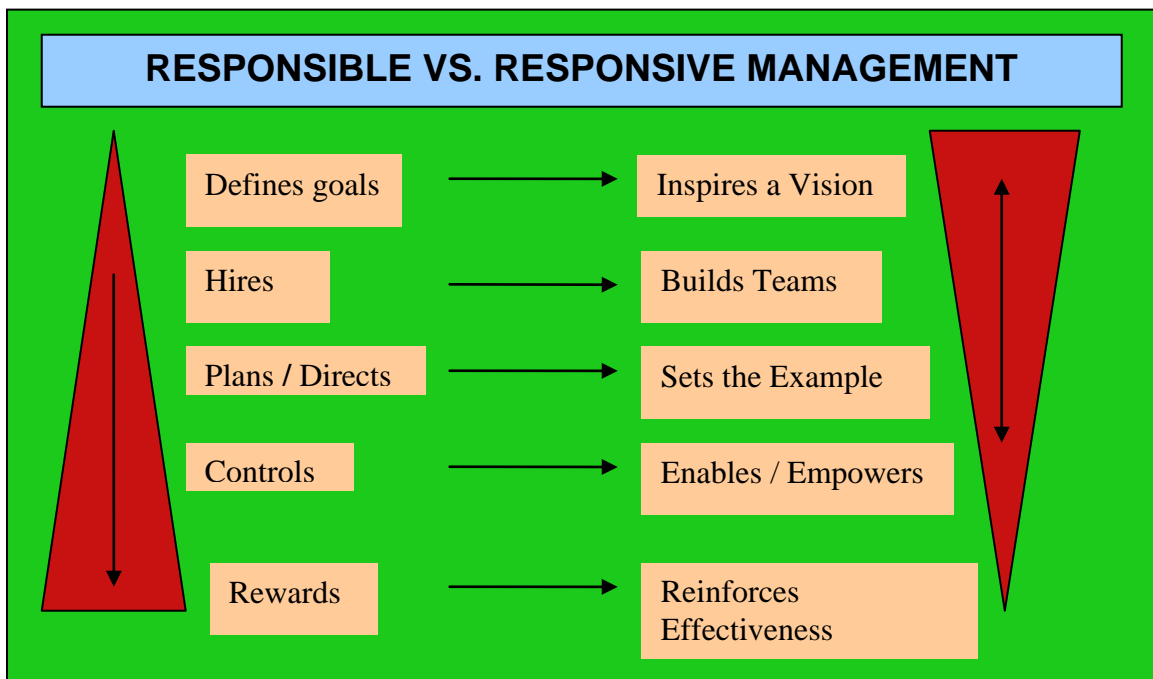


Figure 1: HK’s model of hierarchical relationships

This State Administrative Meeting Group consists of all Supervising Rehabilitation Counselors, District Directors, Field Service Directors, and Administrators. This group meets on a bimonthly basis. A steering committee plans,

organizes, and facilitates these activities. The members of this committee include representatives from Human Resource Management, urban and rural districts, and administrative staff.

One of the beneficial changes attributable to this process has been the development of a “To Do list” in the electronic case management system (IRIS). It assists Rehabilitation Counselors in completing several significant tasks that are primary to effective case management. Another change has been the collective creation of vision and value statements for USOR. In addition, the process was instrumental in the development of a case file review instrument that can be used by direct supervisors before each case is closed. A most recent change to emerge from this process has been in the area of employee selection during the internal interviewing process. Internal promotions are now selected utilizing feedback from the candidate’s direct supervisor, formal interview with an interview committee, as well as information gathered from 3 coworkers to have a wider scope and understanding of the applicant’s productivity and effectiveness.

Pathway

The following is the model and explanation of separate steps in the model that has been a framework for this Leadership Development Group and Initiative.



Figure 2: The Five Leadership Practices Model developed by James Kouzes and Barry Posner

1. **Challenging the Process:** The purpose of this step is to get many ideas and input from everyone.
 - a. Use the “brainstorming” technique. Remember to include every idea at this point.
 - b. Next clarify the items listed and remove items which are the same. Consensus from the group would be needed before removing items.
 - c. Once all ideas are on the board, narrow the list to a few. This can be done by “multi-voting.” This is done by giving each member being able to give a limited number of votes (such as five or three) and each member votes for their top choices. Do this process until the group reaches a decision on one problem which it wants to solve.
2. **Inspiring a Shared Vision:** A vision is an image of what the people of the organization aspire for it to be or become. The purpose of this step is to come up with a common solution.
 - a. Do the “brainstorming” process again and come up with possible solutions and have the group select one that they would like to try.
 - b. Get commitment from everyone to try this solution.
 - c. Share with the group what you envision the outcome to be at the end.
3. **Enabling Others to Act:** The purpose of this step is to get everyone working together.
 - a. Find out the strengths of others and make assignments according to their strengths.
 - b. Foster collaboration and team work.
 - c. Give everyone the support and materials they need to complete the assignments.
4. **Modeling the Way:** The purpose of this step is to show the team the leader is willing to pull his/her share and keep up the motivation of the group.
 - a. Plan for small wins. Let the group feel success while keeping in mind the big picture.
 - b. The leader needs to set the example and show he/she is willing to work with the group.
 - c. Show support to all group members.
5. **Encouraging the Heart:** The purpose of this step is to celebrate your accomplishments.
 - a. Plan a party or something and review your successes.
 - b. This is a good time ask the group how they felt the process went.
 - c. Use the feedback from the group on your next go around.

Although the implementation of this model typically follows this sequential order of steps, there are times when it does not. Once the process is completed another question or concern is addressed. There is a pathway that USOR follows while applying the principles of the model above. The pathway includes the following steps.

Evaluation Methods and Tools

- ▶ The Leadership Development Group acts as a large focus group.
- ▶ Evaluation and Feedback Surveys are completed by members of the group at the end of each session. See Appendix B for a sample of the evaluation form. The general response from these surveys indicates that participants have seen the training content and presentations helpful and have found the training relevant to their job duties and their new skills usable in their job positions.
- ▶ Instruction and Sharing of this Model at the 2008 Region VIII Employment Conference in Denver, Colorado.

Relationship to the State Plan

Two goals from the State Plan are related to the activities of the Leadership Development Group and Initiative. The first goal is to assure that all staff has adequate professional development, training and supervision. This group helps to meet this goal in a two ways. First, the group provides supervisors to work, interact and network with supervisors from other parts of the agency to define directions and possible solutions to common challenges. This benefits our supervisors in both their knowledge and skill. Second, from the initiatives that are implemented general staff are often given more training and opportunities for professional development. For example, recently the internal hiring process was evaluated and changed according to recommendations from the Leadership Group. The process is clearer and more balanced. Employees that may have not applied for promotions under the old system will feel more comfortable doing so under the new system.

The second goal is to attract value and retain quality staff. As supervisory staff participates actively in the Leadership Group Training, there has been a noticeable shift in how staff responds to implementing new change that emerge from this process. Staff appears more willing to engage in considering options and changes that never have been tried before, and show a willingness to see a new initiative succeed. By involving staff in shifting agency culture and overcoming challenges, agency moral improves and a sense of belonging emerges.

Standards of Performance

The expectation is that at least one manager from each district office be present to participate and vote at each Leadership Group Training, and that each participant would be prepared to contribute to the discussion and decision making process during the meeting. Also, it is anticipated that those that serve in leadership roles that attend the training will go back to their respective district offices, receive feedback from other staff and then report back at the next Leadership Group Training..

MONTHLY CASE FILE REVIEW

USOR conducts a monthly case file review on each caseload system wide under the responsibility of the Supervising Rehabilitation Counselors and District Directors. These reviews are completed using the same Case File Review Instrument utilized in the Annual Case File Review, and completed electronically in the Integrated Rehabilitation Information System (IRIS). At the beginning of each month IRIS is programmed to randomly pull one case from each caseload assigning the review to the supervisor directly responsible for that caseload. The pulled cases are limited to status 16, 18, 20, 22, 24, 26, 28, 30, 32, 34 and 36. In fiscal year 2008, 116 cases were reviewed each month for a total of 1392 for the year. The results of the review are used in several ways at this time. Supervisors use the results to provide individualized training with Rehabilitation Counselors, and in instances where case management is significantly substandard, a corrective action plan can be developed to assist the Rehabilitation Counselor in obtaining additional necessary supervision and training. Also, supervisors seek to identify trends among the caseloads that they review in order to provide specific training at the team or district level. In 2006, the form for completing the monthly case file review was added to the IRIS system which provides the ease to supervisors to pull up the reviews and complete them on their computers. USOR is in the preliminary stages of expanding the usefulness of the monthly case file reviews by programming into IRIS a database that would give the capacity to gather, analyze and report data. The Case File Review Instrument can be found in Appendix C.

Pathway

- Each month the direct supervisor receives a list of the randomly pulled case files requiring review.
- The direct supervisor gathers the hard copy case file from each counselor, and completes the review instrument in IRIS.
- In the event that immediate corrections to case file documentation are required, the program allows the reviewing supervisor to add a case action and the review can be saved prior to completion until the necessary task is completed (i.e. the Rehabilitation Counselor sends out a letter inviting the client to an annual review). Once the task is completed the case action message can be removed and the review is finalized.
- Reviewers have the ability to place a review in Pending Status if they are interrupted, allowing them to save the portion of the review they completed.
- Once the review is completed and saved, it is printed and a copy goes into the hard case file.
- Feedback is given to the Rehabilitation Counselor regarding the case reviewed and goals are made for improvement and followed up by the supervisor.

Evaluation Methods and Tools

- ▶ Random selection of cases pulled in IRIS.
- ▶ Documentation review of opened and closed hard case files.
- ▶ In development of a database that will assist in identifying trends of case management across the agency, individual districts and teams that can lead to additional training, corrective plans and program improvement.

Relationship to the State Plan

The Utah State Plan for Vocational Rehabilitation documents the agency's goal to attract value and retain quality staff. Academic studies indicate the existence of a relationship between continuing education, professional development, and employee satisfaction and retention. The monthly case review activity is one of USOR's internal continuing educational opportunities that directly relates to the day to day quality of case file management and customer service. A primary duty of Rehabilitation Counselors is caseload management which includes processing updates, filling out forms, maintaining accurate records and logs, etc. A monthly review of one case for each caseload and the consultation from supervisory staff that come about because of these reviews is one way that USOR works towards ensuring that all staff have the training and supervision that they need to be successful and to meet the expectation of their job description.

Standards of Performance

All Supervising Rehabilitation Counselors will complete the review of one case for each caseload in the agency on a monthly basis. All case actions from these reviews will be resolved by the Rehabilitation Counselor and cleared by the Supervising Rehabilitation Counselor by the end of each month and before final submission to Administration. Supervisors will provide additional training, consultation or direction for the case actions that arise from the reviews. Program evaluation will periodically provide a report of aggregate data to the Executive Team with recommendations for training and changes in policies, procedures or pathways.

STAFF ADVISORY COMMITTEE

Employees of the Division of Rehabilitation Services (DRS) have several avenues to express their ideas, concerns and plans for improvement as a way of contributing to agency quality assurance. One such avenue is through the Staff Advisory Committee (SAC). While different advisory committees had been in place since 1970 to receive input from Rehabilitation Counselors, in 1990, SAC was developed to represent equally all DRS staff throughout Utah.

SAC serves several important purposes that lead to program improvement. They include, but are not limited to the following areas:

- Assess agency needs
- Transmit information to and from district offices
- Encourage staff involvement
- Assist with evaluation of programs
- Identify areas of concern
- Formulate recommendations for agency wide change

SAC is made up of a counselor and clerical staff from each district. There are 9 districts at this time. Also, on the committee are staff members from the Utah Center for Assistive Technology (UCAT), an evaluator and clerical staff person from the Vocational Evaluation Services (VES) and a fiscal staff and clerical staff from USOR administration. The total membership is 23.

District, UCAT, VES and Administrative staff selects a SAC representative for the respective offices. Membership on SAC is two years, but members can serve longer with approval. The Chair of SAC gives a verbal report once every two months at the State Administrators Meeting and a written report to the Director of the Division of Rehabilitation Services once a year.

Throughout the years recommendations from SAC have led to numerous significant changes to the quality of USOR. Some of these changes include the following, but are not limited to:

- The agency Recruitment and Retention Plan which includes increases and incentives
- Development of the USOR Alternative Work Schedule
- Healthy Utah Lifestyle Challenges which including losing weight in office groups, increasing water intake and counting how many steps walked each day
- Adjustments to the electronic case management system (IRIS)
- Utilization of APRN's in restorative rehabilitation services
- Planning and implementation of Rehabilitation Technician positions
- Pay differentiation of Supervising Rehabilitation Counselors in the agency
- Applying necessary changes to the agency Case Service Manual for case file uniformity

Pathway

- Each SAC representative gathers recommendations or ideas from staff within their offices.
- These anonymous recommendations are sent to the 3 member SAC Executive Committee (chair, vice chair and recorder).
- The SAC Executive Committee and Division of Rehabilitation Services (DRS) Director meet prior to the SAC meeting to review recommendations and to determine if each recommendation is a SAC issue or if it would better addressed by a different committee.

- If it is determined that the recommendation is best handled by another committee, then the DRS Director takes it to the appropriate committee such as Case Service, Iris, Administration Services, Support Services or an Ad Hoc committee and then returns to SAC with a response.
- If it is determined that the recommendation is appropriate for SAC, then it is brought, discussed and voted on at the SAC meeting to determine if the recommendation will be implemented.
- If the recommendation is not approved, then the SAC representative who is the only person who knows who exactly made the recommendation reports back to this person with the feedback provided by SAC.
- If the recommendation is approved, it goes to another committee that can work on a plan of implementation. Once the plan is completed it returns to SAC for approval.
- Finally, if approved by SAC, the recommendation and plan is communicated to all staff and the change is implemented.

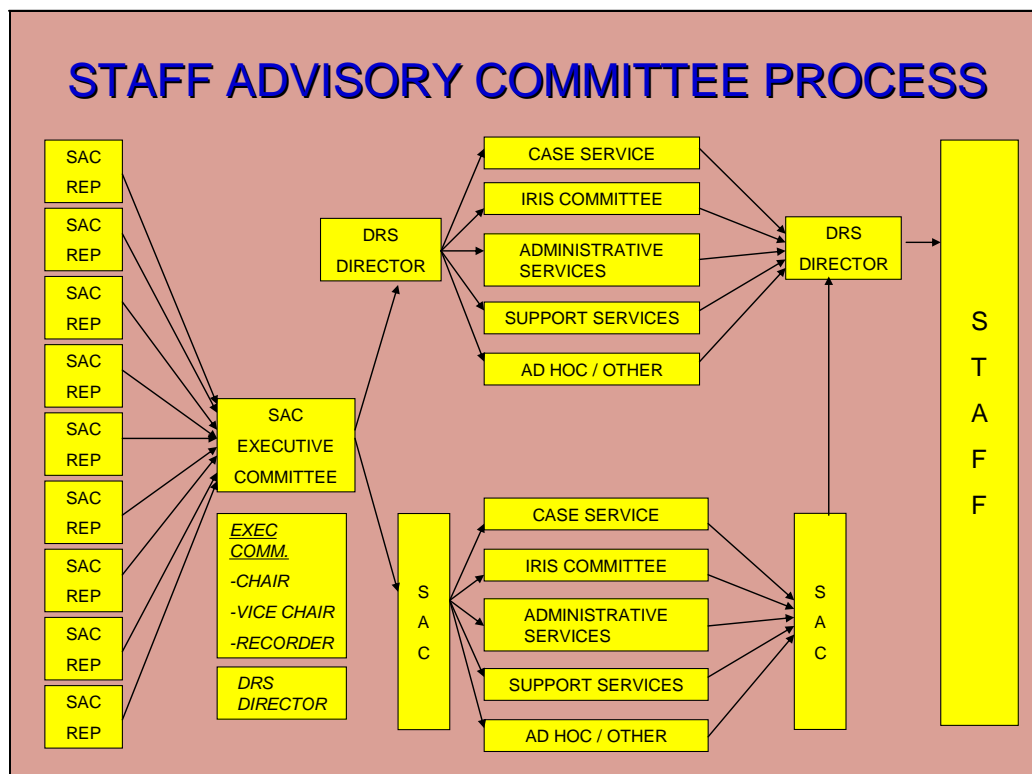


Figure 2: Staff Advisory Committee Process

Evaluation Methods and Tools

- Staff observation of processes and operations
- In depth conversations by SAC members that acts as a continuous focus group

Relationship to the State Plan

SAC is closely related to several of the goals on the state plan. First, it provides an opportunity for staff members' professional development and growth of leadership skills. It helps to retain quality staff because as SAC members contribute and see change come from different suggestions they feel more empowered and invested in agency improvement and their future with the agency.

Standards of Performance

SAC meetings will meet once every 2 months. A simple majority of SAC members needs to be present to conduct business. The chair of SAC submits a written report to Administration reviewing the committee's activities and decisions for the previous year and the report is sent out via email to all DRS staff.

HORIZON GROUP

USOR is committed to developing excellence in leadership. As part of the Leadership Development and Initiatives, the Division of Rehabilitation Services (DRS) has initiated special projects through Horizon Group Leadership Task Forces. There are two purposes for projects addressed through Horizon Groups. First, it is to research, analyze and make recommendations for actions to identified issues within the division for program improvement in effectiveness and functioning. Second, is to provide the opportunity for staff members to participate in skill development and professional growth experiences outside of their day to day job responsibilities specific to the areas of leadership and supervision.

A Horizon Group is generally made up of 6 staff members that are chartered to address an identified issue for up to a six month period of time. This group meets together at a minimum of once a month. The product of this committee is a final report to the Director of the Division of Rehabilitation Services summarizing the activities of the group which includes the charter issue, analysis methods used, findings of research activities and recommendations for possible implementation. Primary work responsibilities are expected to be maintained during the period staff serves on the Horizon Group. Examples of areas that groups have been chartered to research are improving the quality of supervision, and the interface between vocational rehabilitation and vocational evaluation services.

Pathway

- An interested staff member applies or is nominated by another staff member.
- The staff member that nominates verifies that the nominee is interest in serving.

- A Horizon's Group nomination form, a one-page letter of interest from the applicant and up to 3 letters of recommendation from other staff including the District Director is completed. Each applicant becomes aware of the charter for the up and coming group.
- A selection committee made up of Leadership Development Initiative Liaison and DRS Executive Team selects the team of 6.
- The DRS Director signs and dates the charter beginning the project.
- Horizon Group members receive training in project design, evaluation methodology and analysis to provide orientation and assistance in defining the direction of the project.
- The Horizon Group designs, gathers, analyzes, interprets and develops a report which includes results; all identified possible solutions, prioritized solutions, and recommended solutions for potential implementation.
- The group directs and guides the direction of the project with oversight and periodic consultation from the Leadership Development Initiative Liaison and the DRS Executive Team.
- The group may have further responsibilities assigned to assist with implementation of the recommendations.

Evaluation Methods and Tools

- ▶ Observations are made of how a program operates and what areas there may be for improvement.
- ▶ Surveys are used to gather much information in a short amount of time.
- ▶ Focus groups are developed to begin to understand common concerns, experiences, and reactions to discover what groups think are possible solutions.
- ▶ Interviews are conducted to understand a person's individual experiences and impressions that allow the interview to ask follow up questions that can lead to topics that may have not been identified in focus groups.

Relationship to the State Plan

The Utah State Plan for Vocational Rehabilitation requires USOR to assure that all staff has professional development, training and supervision to successfully perform their jobs. Although participating as a member of a Horizon Group may not be directly related to the specific responsibilities or functions of their full-time positions, it does allow staff the opportunity to develop professionally by working on a specific project within a team work/group environment. Serving on a Horizon team allows its members to prepare themselves for greater opportunities of leadership before they move into roles of greater responsibility in the agency.

Standards of Performance

Horizon Group members will attend monthly coordination meetings, actively participate in the group process and produce a report on the concern of focus that will include specific and feasible recommendations to decision makers for changes to processes, strategies, pathways or goals that will lead to significant program improvement. Upon completion, Horizon Group members will have a greater

understanding and experience in the group process that leads to generating, prioritizing, analyzing and selecting directions for future change.

DATA SHARING AND RESEARCH

USOR is an active partner in research activities and data sharing designed to increase the body of knowledge within the profession of vocational rehabilitation counseling. At this time, USOR is engaged in sharing data with the University of Utah, Center for Public Policy and Administration in Salt Lake City on the SSDI '1 for 2' project and completing two projects with Wright State University in Dayton Ohio.

SSDI '1 for 2' Pilot Project with University of Utah

The Social Security Administration has funded pilot studies with Connecticut, Utah, Vermont and Wisconsin. The purpose of these pilot studies is to determine if a change in an SSDI rule would increase employment and earnings of SSDI beneficiaries and save money for the Social Security Trust Fund. The proposed change to SSDI rule is that SSDI beneficiaries would experience a gradual reduction in SSDI cash benefits if benefits are above Substantial Gainful Activity (SGA) amounts rather than being removed completely from SSDI cash benefits after the first 12 months of consistent work. SGA for 2008 is \$940 of earnings per month.

Utah's pilot study followed an experimental design. SSDI beneficiaries were recruited and asked to give informed consent to be in the pilot. These beneficiaries were contacted through the Vocational Rehabilitation Program, Benefits Planning Assistance and Outreach Program, Disability Medicaid Program, Valley Mental Health and Bear River Mental Health. The Vocational Rehabilitation Program has agreed to share some demographic and programmatic data from the IRIS system to assist with measuring outcomes.

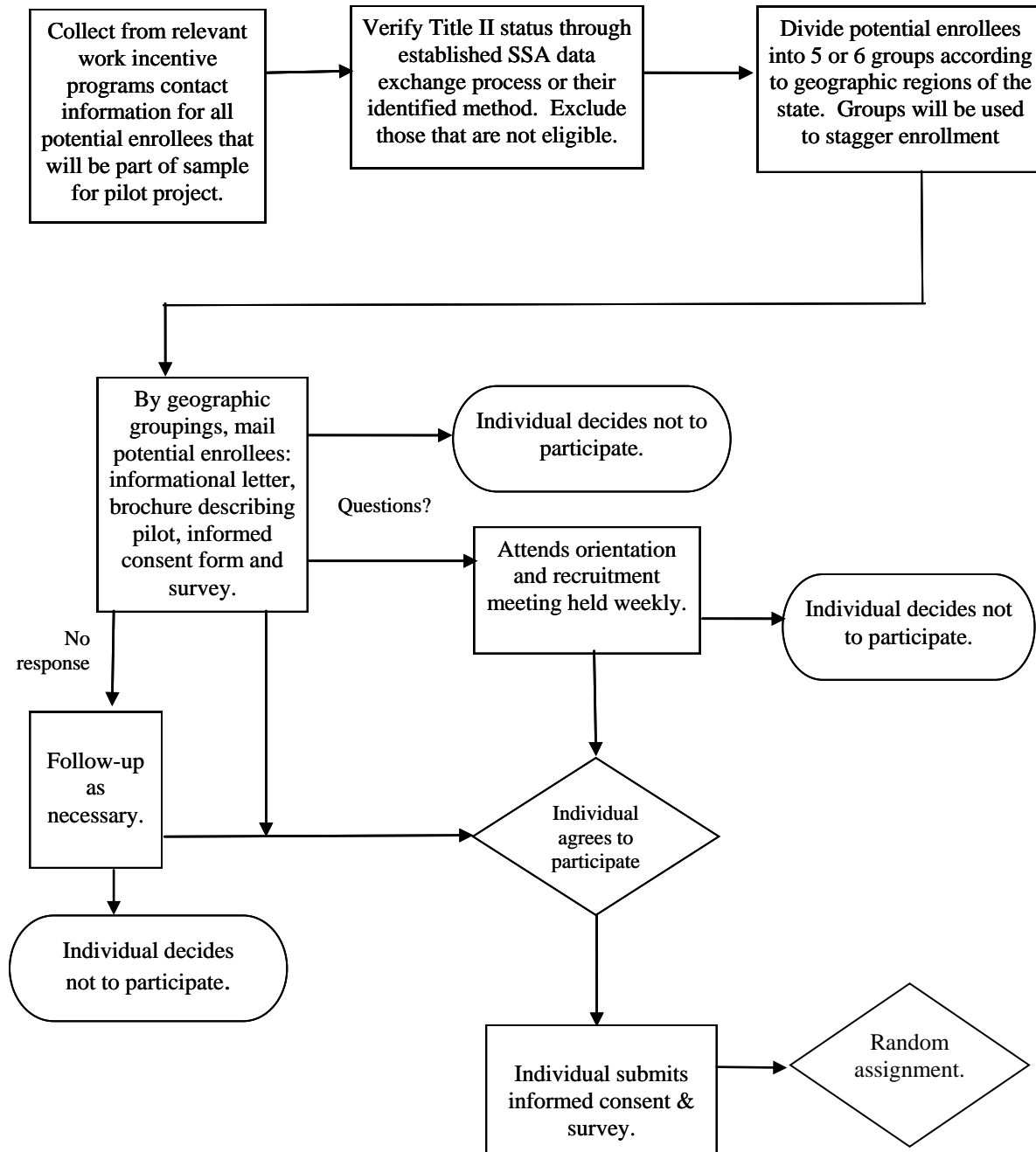
Initial findings from the study have been promising. 80% of those from the "intervention" group indicated that they were willing to increase their earnings even if the SSDI case benefit would decrease, whereas only 47% of the "control" group indicated this willingness. The anticipated completion date for Utah's pilot study is April 2009.

247 that enrolled in the study were randomly assigned to an "intervention" group and 243 were assigned to a "control" group. The "intervention" group continues to receive an SSDI case benefit offset of \$1 for \$2 in earnings over SGA after the first 12 months of consistent work. In other words, instead of having no cash benefit after the first 12 months, SSDI beneficiaries receive \$1 in cash benefits for each \$2 they make at their job. These beneficiaries can continue to receive the cash amount for up to 72 months. Also, those in the "intervention" group do not need to complete ongoing medical continuing disability reviews during these 72 months which at times leads to SSDI cases being closed because the individual is no longer considered disabled. The "control" group follows the current SSDI rule which is after 12 continuous months of work above SGA;

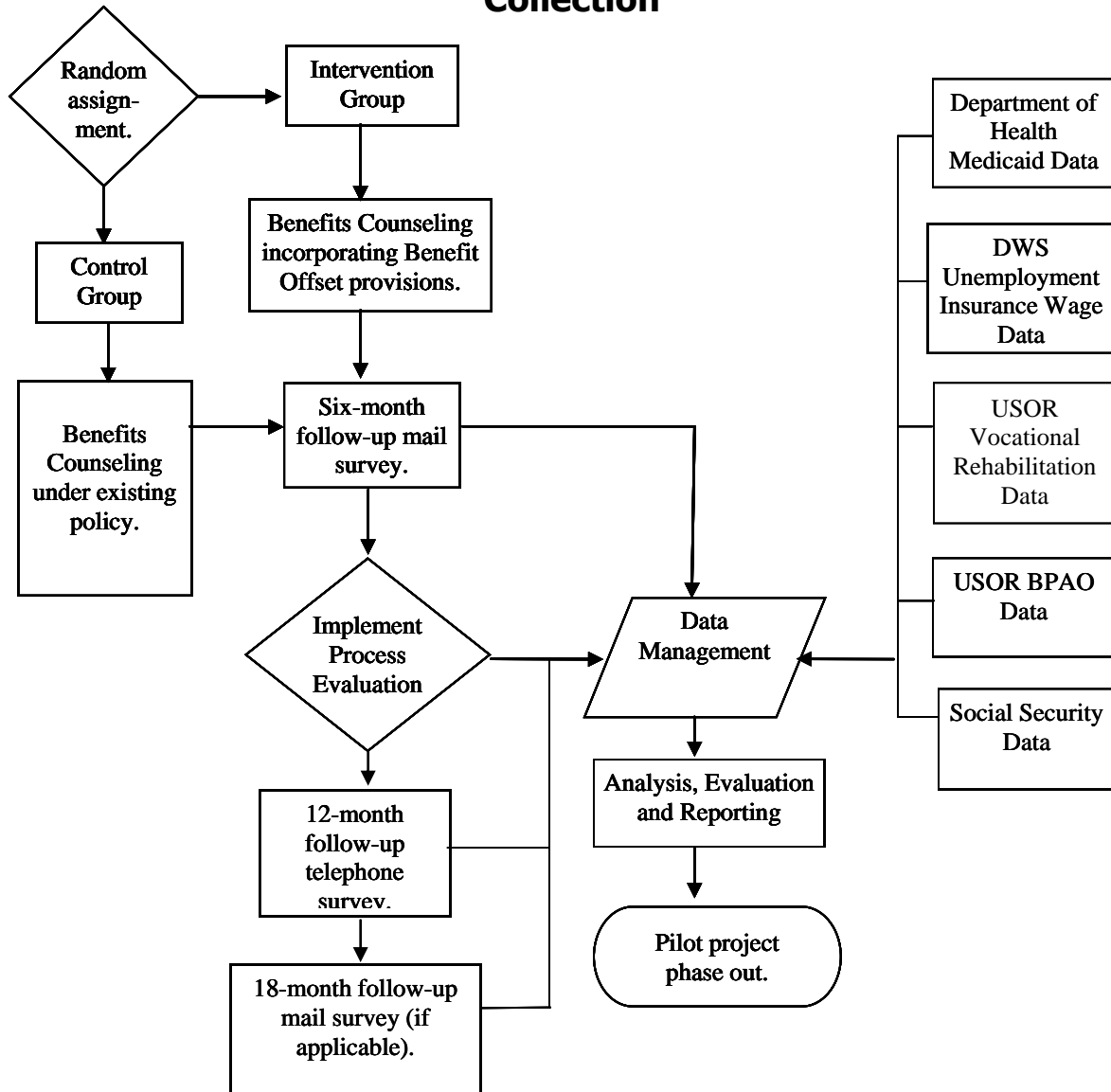
the SSDI cash benefits are discontinued. Both the “intervention” and “control” groups receive benefits planning assistance and have no reduction to dependents benefits. It is anticipated that this study particular will be completed in April, 2009 and that the Social Security Administration will begin a Benefit Offset National Demonstration project in late 2009.

Pathway

Utah Pilot Project Overview of Enrollment Process



Utah Pilot Project Overview of Intervention and Data Collection



Evaluation Methods and Tools

- ▶ Use of an experiment research design where there is a control and experimental group.
- ▶ A client survey was administered face-to-face at intake. 6 months after intake a mail survey was sent and 12 months after intake a telephone survey was completed.
- ▶ Periodically, in this process, client focus groups have been held.
- ▶ Documentation was collected and reviewed from USOR 911 data, Department of Workforce Services wage data and service data from Valley Mental Health.
- ▶ Use of statistical measures and analysis including using regression and differences of difference in looking at the dependent variable which is longitudinal wage data.

Relationship to the State Plan

The '1 for 2' Pilot Project may lead in the future to a significant change in policies surrounding work and financial benefits at the Social Security Administration. One goal on the state plan describes that we are to assure that caseloads are manageable in order to increase and improve counselor-client interactions. If a new policy that tapers clients off of Social Security financial benefits in a longer time frame allows clients to better adjust to the workplace and develop skills and independence, then it is reasonable that fewer clients would be returning multiple times to vocational rehabilitation and average caseload size would decrease.

Standards of Performance

USOR's role in the 1 for 2 Pilot Project is to share data and monitor its use by ensuring that the anonymity and confidentiality of clients is maintained. As part of meeting this standard, the Program Planning and Evaluation Specialist will batch and send information in a way that no individual client's data is can be linked back to the individual identity. In order to do this, this specialist will make sure that researchers from the University of Utah use only computer software approved by the Social Security Administration for the transmittal of records. The standard is threefold. First, no client's information or records will be able to be drawn back to the individual identity. Second, no records will be lost in the transfer electronically of information by using secured software. Third, only approved researchers will handle, use and analyze the data.

SAVR-S Study with Wright State University

In July 2007, representatives from Wright State University came to Utah to train USOR staff in the use of SAVR-S, a pencil-paper substance abuse screening tool designed for Vocational Rehabilitation clients. This tool has been developed in response to research that has shown that a significant percentage of Vocational Rehabilitation clients that have a substantial substance abuse concern, but do not share this with their Rehabilitation Counselor. This creates a barrier to successful vocational rehabilitation. USOR started administering the SAVR-S to each new client as a pilot. Previous preliminary finding had shown that the SAVR-S was accurate in diagnosing active substance abuse and substance abuse disorder in 85% of all cases. Wright State agreed not to charge for the service during the pilot. From August 2007 to August 2008, 6030 clients were administered the SAVR-S. Upon completion of the pilot, the decision to continue use of SAVR-S or not was discussed at the State Administrators Meeting. The decision was made to discontinue the use of SAVR-S. Reasons for discontinuing its use included that Rehabilitation Counselors reported that those that the screening tool identified as needing treatment were people they already knew had a drug or alcohol concern. An additional reason was false positives that took time for Rehabilitation Counselors to process and tended to upset clients. Finally, the process of communication of who needed the SAVR-S and how they received the reports via fax was not consistent and was difficult considering that some of the offices have only one fax machine. Related

to these concerns, the Program Director of Case Services sent out an email on September 3, 2008 indicating that USOR from that point on would no longer the SAVR-S would no longer be required for use. Later, SASSI approached USOR and indicated that they would still offer the SAVR-S for free administration. The tool is available for use by rehabilitation counselors at their discretion.

Pathway

1. The SAVR-S was conducted during the initial stages of the standard data-gathering process.
2. If the client was asked by the Rehabilitation Counselor to take the SAVRS-S after a thorough explanation of the reasons for the screening, the client completed the paper and pencil version of the SAVR-S, the Rehabilitation Counselor wrote a created variable as an identifier on the SAVR-S and then it is faxed directly to SASSI for data collection.
3. If the client refused to take it, then an effort was made to find out from the client why they are refusing and to try and address the concerns and fears they may have. Even if the client refuses to take the SAVR-S it should be faxed to SASSI.
4. If they continue to refuse to take it, then the Rehabilitation Counselor would explain how this may lead to additional challenges in the future development of an effective Individualized Plan for Employment and that they could choose to revisit their decision at any time.
5. If after the SAVR-S was conducted and analyzed and the results are positive, then the Rehabilitation Counselor should have referred the client for further diagnostic assessment. If there is a co-occurring mental illness, then a psychological evaluation should have been recommended.
6. If the client denied a drug or alcohol problem after the SAVR-S came back positive, the Rehabilitation Counselor was asked to point out discrepancies to their claim of having no problem and the real life problems that they were experiencing related to their substance abuse.
7. Monthly screening results were sent to the Utah State Office of Rehabilitation from SASSI until September 2008. In October Wright State University requested data regarding employment outcomes related to those who took the SAVR-S and those that didn't.

Evaluation Methods and Tools

- ▶ A questionnaire was drafted and conducted.
- ▶ A focus group of Rehabilitation Counselors that administered the questionnaire was completed by Wright State University
- ▶ Documentation review of key MIS data was requested.

Relationship to the State Plan

This research activity helped USOR in meeting their goal on the state plan to assure that all staff has adequate professional development, training, and supervision to successfully perform their jobs. The researchers not only came out and presented information on how to administer the SAVR-S, but they also took significant time to alert staff to the concerns of undetected substance abuse among Vocational Rehabilitation clients and how to manage denial, relapse and other common dynamics of substance abuse clients.

Standards of Performance

The standards of performance for this study are similar to other research studies that USOR's Program Planning and Evaluation monitors. First, when sharing data, there is no way for anybody outside USOR could tie information back to a specific name of a specific client. Second, all reasonable efforts are made to make sure that no records are lost while transferring information electronically. This is verified by the Program Planning and Evaluation Specialist contacting Wright State University after the transfer of information to verify that both batches of information were identical. Third, only approved researchers will handle, use and analyze the data.

Status 30 and 28 Study with Wright State University

Throughout state vocational rehabilitation programs, millions of dollars are spent each year on assessment and services of clients that do not ultimately end up working. USOR is dedicated to identifying core reasons for this as a means of determining what can be done to increase successful outcomes. The data shared during this study was limited, monitored and controlled. Results from this study conducted with several other states should be made available by the end of 2009. There were two rounds of data collection. One round began in January 2008 and the other in May 2008. The data collection process was completed by July 2008.

Pathway

1. The sample criteria for this study included individuals with all common disabilities served by state vocational rehabilitation programs, which were closed within the last 3-months in status 28 or 30. They were 18 years or older. In January a sample size of 70 status 28 cases and 25 status 30 cases were requested by Wright State. They anticipated that this would mean that they would be able to interview at least 14 clients closed in status 28 and 5 that closed in status 30. In May, the principle researcher from Wright State requested an additional 70 status 28 cases and 25 status 30 cases because the response rate had not been as high as initially was expected (20%).
2. After randomly selecting these cases, Wright State sent envelopes with postage that contained consent forms, an explanation of the study and a request for a telephone interview with these consumers. The administrative assistant for USOR Program Planning and Evaluation put addresses of the clients from the sample on the envelopes

and wrote a code that could be used as an identifier of the Rehabilitation Counselor for each consumer on the top of the consent form that would be sent back to Wright State University. This code permitted Wright State to conduct telephone interviews with client and then also telephone interviews with their previously assigned Rehabilitation Counselors.

3. Once Wright State University received back the consent form, they scheduled interviews with consumers and Rehabilitation Counselors. Each consumer received \$40 after the interview.

Evaluation Methods and Tools

- ▶ Random selection of consumers.
- ▶ Telephone interviews of consumers and Rehabilitation Counselors were completed.

Relationship to the State Plan

Although not directly related to the 5 goals of the current state plan, the Status 30 and 28 Study is consistent with USOR's mission to assist eligible individuals with disabilities to prepare for and obtain employment and increase their independence. It is anticipated that when the results from this study come in that there will be direct implications and recommendations to help in engaging consumers during the comprehensive assessment and IPE development stages so that there are less status 30 closures. In addition, there may be additional information that would suggest how to work with those that have an active Individualized Plan for Employment that would lead to more successful employment outcomes.

Standards of Performance

There are several standards for this study. First, if response rates are significantly lower than 20% it is expected that Wright State will in the conclusions section of their article that the results may not be reliable because the response rate was low. Second, it is expected that Wright State will appropriately secure any information gathered from interviews against a breach of confidentiality and keep the results from the interviews separate from the direct identity of each consumer. Third, Wright State will not use any of the contact information for consumers or Rehabilitation Counselor to solicit any more information that is directly related to this study.

USOR/USOE BILL PAYMENT SYSTEM

USOR is committed to sound, responsible, and transparent fiscal performance in the provision of services leading to successful outcomes. This commitment includes ensuring authorization and payment procedures are conducted in compliance with state and federal regulations and are quick, accurate and efficient. This commitment builds client and vendor trust, as well as ensuring fiscal responsibility of taxpayer resources.

Excellence in this area ensures that service providers are willing to provide service to USOR clients, and ensures that taxpayer resources are used in the most efficient manner. When this happens, Rehabilitation Counselors are able to provide a broader array of services and service providers for clients as part of their informed choice. By expanding client's informed choice and have greater relationships of trust with our vendors, it is more likely that clients will receive those goods and services that will aid them in obtaining and maintaining successful employment.

In April 2008, a change in the bill payment system was made. Prior to this change authorizations for payment of goods and services were sent to the central office, employees of the fiscal unit were responsible for inputting client demographic information prior to completing the invoice electronically. This process was time consuming and created unacceptable lapses in the time between invoice and payment. A programming change to the USOR IRIS system now allows this information to be auto filled rather than being manually entered. It is estimated that elimination of this step of data entry reduced the time that vendors wait to be paid by up to two weeks. Also, by eliminating this step, there is one less area for potential input error.

This process does vary depending on the type of goods or services being purchased. Most authorizations come in on a regular daily basis. However, some authorizations that are above certain dollar amounts require that bids be obtained to ensure that USOR is purchasing the highest quality goods and services at the lowest possible price. In addition, other authorizations may also require approval from the State Purchasing Request for Proposal/Bid Process. Most purchases for large amounts require a written service request be submitted through case service channels for approval. This approval process ensures checks and balances in the provision and authorization of goods and services.

There are several forms that assist with the payment of bills that are in the appendices of this document. In Appendix D, there is the USOR form 23 – Authorization and Billing for Services. This is a scanned copy of a paper document that the Rehabilitation Counselor's Office Specialist fills in and the Rehabilitation Counselor signs as an agreement that USOR will pay for the designated good or service. The Telephone Quote Bid sheet is found in Appendix E. This describes the process for completing a telephone quote bid to ensure that USOR is able to secure a fair price for the good or service that is about to be purchased. Appendix F has a copy of the Sole Source Request Form. This form is used when it appears there is only one source that provide the good or service that needs to be purchases.

Pathway

- A Rehabilitation Counselor and client, work together to establish the goods and services that are needed to enable the individual to gain or retain employment.
- If specific services require approval at a level above the Rehabilitation Counselor, a service request will be generated and approvals sought through Case Service channels prior to inclusion in the IPE.

- If the goods or services require the use of contract vendors or will require that multiple bids are obtained, this process will be conducted through consultation with state purchasing, and approvals will be obtained prior to inclusion in the IPE.
- The Rehabilitation Counselor and client develop and sign the Individualized Plan for Employment (IPE) detailing the goods and services that will be purchased.
- At the time of service delivery, the Rehabilitation Counselor completes a form that includes the name and address of the vendor or person that provided the service, the name and address of the client, the control code for the service provided, the vendor number, the date the service is to be provided, a description of the goods or services to be provided and the amount authorized.
- The Office Specialist assigned to this Rehabilitation Counselor generates a USOR form 23, the Authorization and Billing for Services form.
- The Rehabilitation Counselor signs this authorization and the white copy is sent to the specific vendor or person who is to provide the goods or service.
- Upon delivery of the goods or service, the vendor fills in the date, the goods or services that was provided and the cost of the goods and services. The vendor then returns the form 23 to the Rehabilitation Counselor as/with an invoice.
- When the Rehabilitation Counselor receives the completed form 23 and/or invoice; the Rehabilitation Counselor reviews the invoice for accuracy and to verify that proper goods or services were provided to the client.
- The Office Specialist assigned to the Rehabilitation Counselor enters the payment information into the IRIS payment system.
- The signed and approved hard copy of the Authorization and Billing for Services form and/or invoice are sent to the Fiscal Unit at the Utah State Office of Rehabilitation Administration Office.
- An employee of the Fiscal Unit then groups or batches these invoices by vendor and enters the payment in the Budget and Accounting System for Education (BASE) which documents that a first approval and verification ensured the accuracy of the payment.
- A second employee in the Fiscal Unit verifies the invoices a second time in BASE and gives the second approval.
- These invoices are then reviewed and signed off by the Controller or Budget Manager of the Utah State Office of Education.
- An electronic file and fax of this information is made and an electronic copy is sent to the State Finance Department at the State Capitol where checks are printed and mailed to the vendor.

Evaluation Methods and Tools

- ▶ Multiple checks are done on each invoice.
- ▶ Large purchases go through multiple levels of approval.
- ▶ At least two employees review each authorization prior to service delivery, and each purchase is reviewed by direct supervisors through a post authorization review. The Rehabilitation Counselor's signature is required for the authorization to be active.

Relationship to the State Plan

In 2008, statewide training has been provided to Office Specialists and Executive Secretaries regarding the new electronic bill payment system. This activity is intended to fulfill the goal on the state plan of assuring that all staff has adequate professional development, training and supervision to successfully perform their jobs. Also, it is anticipated that this job specific training will help to retain quality staff.

Standards of Performance

The Fiscal Unit uses the time frame of 4 weeks as a standard for the process described above to be completed. If an invoice has not met these time frames the head of the Fiscal Unit facilitates corrections required by local offices to expedite payment. Accuracy of the invoice and final payment are ensured by at least 4 people checking over the information before the final check is cut.

POST AUTHORIZATION REVIEW

USOR is committed to the responsible and effective use of funds for appropriate services to clients. The post authorization review process is a means for supervisory monitoring of funds. Also, it is a preventive measure to limit the potential of fraud, embezzlement, abuse and waste. In addition, the review process ensures that state and federal regulations and purchasing policies are followed and that before authorization the proper authority levels have been obtained for services requiring approval. Through this and other sound fiscal review practices, we ensure taxpayer confidence and continue to be able to obtain funding to assist more Vocational Rehabilitation clients. Finally, regular completion of post authorization reviews by Supervising Rehabilitation Counselors and District Directors provides a forum where training needs of Rehabilitation Counselors can be identified and provided to ensure the highest quality service provision. USOR has been completing these reviews electronically through the electronic case management system (IRIS) since 1998. This innovation has lead to reduced inefficiencies and expedited the post authorization review process.

The post authorization review process is one check and balance requirement that Utah State Purchasing requires in order to give Vocational Rehabilitation Counselors the authority to act as purchasing agents with individualized budget responsibility. The Rehabilitation Counselor is responsible for initiating the generation of an authorization for a good or service. An Office Specialist is responsible for reviewing and printing the authorization and obtaining the Rehabilitation Counselor's signature. Once an authorization has been completed, a post authorization review is conducted by a direct supervisor to ensure compliance with agency and state purchasing regulations.

Each supervisor completes post authorization reviews and approves them through IRIS. See Appendix G to view the screen that is used in IRIS to review authorizations.

Pathway

- The direct supervisor of each Rehabilitation Counselor reviews the authorization in IRIS where an electronic copy of the review comes up after it is created by an Office Specialist.
- Initially, the supervisor reviews the authorization totals, control codes numbers, vendor name and described good or service to be purchase to see if there are any errors and to determine if this good or service is both reasonable and appropriate.
- The supervisor then makes sure that this good or service is in the Individualized Plan for Employment that it is within appropriate fee schedules and it is within the Rehabilitation Counselor's approval level or that approval has been granted. A check is made to make sure that the purchase is being made within state contract or bid process policy.
- After the review, if the supervisor has a concern or has found an error, the supervisor discusses this with the Rehabilitation Counselor, provides further training and follows through with the counselor to make sure that corrections are made.
- If the direct supervisor finds no errors, or after corrections to errors have been made, then the supervisor presses OK in the IRIS screen to give final approval of the review.

Evaluation Methods and Tools

- ▶ Documentation review in IRIS.
- ▶ Cross checking for consistency of information in several parts of IRIS.

Relationship to the State Plan

As part of the State Plan of Utah's Vocational Rehabilitation Program one of the goals is to assure that all staff have adequate professional development, training and supervision to successfully perform their jobs. One of a Rehabilitation Counselor's duties is to authorize funds in an accurate, appropriate and responsible way. By providing direct supervision over this duty, each Rehabilitation Counselor is given the opportunity to learn proper procedures and improve their skills.

Without proper supervisory post authorization reviews, there is the possibility that some authorizations would not be done accurately which would slow down the process that client pass through to receive paid goods and services. This slow down in services could lead to an increase in caseload sizes at a time where USOR has made the goal to assure that caseloads are manageable in order to increase and improve counselor-client interactions. Post authorization reviews are tools used to reduce the time it takes for clients to receive needed goods and services that will assist them to obtain and retain employment.

Standards of Performance

All post authorization reviews will be completed by direct supervisors on a consistent basis. Each area's District Director will define what is considered a consistent basis. Direct supervisors will follow the process as it is described above in this document. They will consult with their supervisor if they find that a Rehabilitation Counselor continues to make significant errors and is not correcting those errors after several one-on-one training and supervision sessions.

State Audit of Basic Financial Statements

The Utah State Auditor's Office regularly conducts financial audits of the activities of the Utah State Office of Rehabilitation. These audits include a review of the statewide compliance with state and federal regulations. The State Auditor conducts these audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in the *Government Auditing Standards*, issues by the Comptroller General of the United States. Audits are conducted over the period of a State Fiscal Year (SFY) which begins on July 1st. The State Auditor may conduct random audits and/or specialized audits based on need. The audit identifies control deficiencies within USOR that does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements or noncompliance with a state or federal requirement on a timely basis, and makes recommendations for system improvement.

USOR values the interaction and continuous improvement opportunity that the activities of the State Auditor afford the agency, and is committed to full cooperation, transparency, and responsiveness to the State Auditor.

Pathway

- The Office of the State Auditor notifies the Executive Director in writing at the beginning of an audit period including the scope and purpose of the audit activities.
- The auditor works in cooperation with USOR and USOE staff to review documents, payments, invoices, reports, and/or case files within the scope of their audit.
- The auditor may meet on a regular basis with a USOR administrator to ask general program questions, gather additional information, obtain internal policy statements, etc.
- The Office of the State Auditor notifies the Executive Director in writing regarding any program deficiencies or audit findings, and requests an official agency response.
- USOR investigates the deficiencies or findings, and provides a written response including corrective activities, changes in internal policies, or other pertinent information.
- The Office of the State Auditor submits a written "Management Letter" that summarizes the audit finding, agency response, and auditor recommendations.

Evaluation Methods and Tools

- The sources of information for the audit include electronic records, paper records and interviews with a USOR administrator.

- Auditor findings are used to make programmatic changes that improve internal control and compliance.
- USOR Staff are trained in new audit findings and programmatic changes when issued by the auditor.

Relationship to the State Plan

As a condition for the receipt of federal funds under Title I, Part B, and Title VI, Part B of the Rehabilitation Act for the provision of vocational rehabilitation services, the Utah State Office of Rehabilitation provides assurances in the state plan to operate and administer the State Vocational Rehabilitation Services Program in accordance with the provisions of this State Plan [4], the Rehabilitation Act, and all applicable regulations [5], policies and procedures established by the secretary. The activities of the State Auditor directly assess compliance.

Standards of Performance

Audits are conducted in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. These standards require auditors to plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit also includes examining, on a test basis, evidence supporting the amounts and disclosure in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

The auditors also issue a report on consideration of the State's internal control system over financial reporting, and on tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, and other matters.

The auditors are also Certified Public Accountants and adhere to the standards and guidelines of the American Institute of Certified Public Accountants (AICPA) as well as Utah's statutes governing the behavior of Certified Public Accountants.

CONSUMER SATISFACTION SURVEY

One of the roles of the State Rehabilitation Council (SRC) is to monitor consumer satisfaction and gain feedback that can improve the Vocational Rehabilitation program. The SRC utilizes USOR's Program Planning and Evaluation to administer the consumer satisfaction survey which includes gathering, analyzing, interpreting and reporting results on an annual basis. This is in accordance with Part 381.17(h) in the federal regulations that indicates that one of the requirements of a state rehabilitation council is "to the extent feasible, conduct a review and analysis of the effectiveness of, and consumer satisfaction with" three areas- functions performed, services provided and employment outcomes

In April 2008, Program Evaluation reported that out of 1336 cases that were pulled in status 26 and 28, 29% responded to the mailed consumer satisfaction survey. The response rate for this mail out consumer satisfaction survey has been around 29% since its implementation in 2004. See Appendix B for the current Consumer Satisfaction Survey. At the end of the presentation it was resolved that there would be an ad hoc committee to review and give recommendations for change to the current consumer satisfaction survey. There were several reasons this decision was made. First, the SRC recommended designing separate consumer satisfaction surveys for 26 and 28 closures instead of having one survey for all closed cases. Second, SRC members expressed that some of the questions on the survey were too vague to consider the responses useful to program planning. Third, the SRC wanted to explore different delivery system options that may yield a higher response rate to increase the validity of the results from the survey.

The current survey has 15 questions and a comment section. 10 questions follow a 4 point scale that ranges from strongly agree to strongly disagree and the other 5 questions have a yes/no response. The survey is a tri-fold, tear away, self-adhesive letter on cardstock. A letter from the Executive Director that gives instructions on how to fill out the survey is included. In addition, in 2008, program evaluation created a draft of a consumer satisfaction survey for applicants and clients that are in open statuses. Until a new survey is developed and approved, USOR continues to use the following pathway for the consumer satisfaction survey. See Appendix H for the consumer satisfaction survey.

Pathway

- Each quarter a random sample of approximately 334 cases in status 26 or 28 is pulled.
- A first mailing is sent at the beginning of the quarter.
- For those that do not respond to the first mailing, 4 weeks later another mailing is sent.
- If they do not respond to the first or second mailing, a third is sent out 10 days later.
- Finally, if there is no response from the first three mailings, 10 days later a reminder note card is sent.
- Once a year the Program Planning and Evaluation Specialist reports results and recommendations for programmatic and instrument change to meet consumer needs.

Evaluation Methods and Tools

- ▶ Random selection of cases closed in status 26 and 28 from IRIS.
- ▶ Use of statistical analysis to determine what areas need to be focus for improvement.

Relationship to the State Plan

The consumer satisfaction survey is one of the measurements that USOR uses to ensure that the level of service being provided all clients is satisfactory. In the most recent state plan, there is a goal to increase and improve the level of services to students with disabilities transitioning from public education to employment. The SRC will

consider adding demographic questions that would help to identify consumers that were transition students.

Standards of Performance

With the new consumer satisfaction instrument, USOR is committed to obtaining a consistent annual response rate of 30% with a consumer satisfaction rate of at least 85%.

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

Utah's State Rehabilitation Council (SRC) and the Utah State Office of Rehabilitation (USOR) actively partner to complete the Statewide Comprehensive Needs Assessment. The SRC and USOR work together to define the detailed scope of work, the length of the contract, and other necessary conditions and agreements to identify the rehabilitation needs of people with disabilities throughout Utah. This assessment is conducted in preparation for the writing of the vocational rehabilitation program's state plan, and to inform USOR administrators in the development of agency goals and priorities.

USOR is compliant with the following guidelines set forth in the Rehabilitation Act of 1973 as amended in 1998, Workforce Investment Act- House Rule 1385, Title 1, Section 101, 15a. (A) "The State Plan shall--(i) include the results of a comprehensive, statewide assessment, jointly conducted by the designated State unit and the State Rehabilitation Council every 3 years, describing the rehabilitation needs of individuals with disabilities residing in the State." Particular attention is paid to assessing the needs of the following groups according to further guidelines. (I) "individuals with the most significant disabilities, including their need for supported employment services; (II) individuals with disabilities who are minorities and individuals with disabilities who have been unserved/underserved (III) individuals with disabilities served through other components of the statewide workforce investment system..."

From 2006-2007, USOR contracted with Dr. Richard Baer and a team of researchers from the Utah State University Center for Persons with Disabilities to conduct the Statewide Comprehensive Needs Assessment. The assessment included 4 primary activities. They included: town hall meetings at six designated locations around the state, a survey of vocational rehabilitation counselors, a telephone survey of VR clients whose cases were closed, and a survey of open clients. The Open Client Survey, Closed Consumer Survey and the Vocational Rehabilitation Counselor Survey can be found in appendices I, J and K respectively. Requests for the complete report of the 2007 Statewide Comprehensive Needs Assessment can be made by sending an email to Michael Shoemaker, USOR Program Planning and Evaluation Specialist at mtshoemaker@utah.gov or mailing it to: 250 East 500 South/ P O Box 144200, Salt Lake City, UT 84114-4200. The next Statewide Comprehensive Needs Assessment is scheduled for completion by July 2010.

Pathway

At the time of the drafting of this document RSA was drafting a pathway for this quality assurance activity that is expected to be release in the spring of 2009. Once this information is received we will adapt our protocols to meet these recommendations. Until that time, the pathway for the Statewide Comprehensive Needs Assessment will follow the pathway illustrated below.

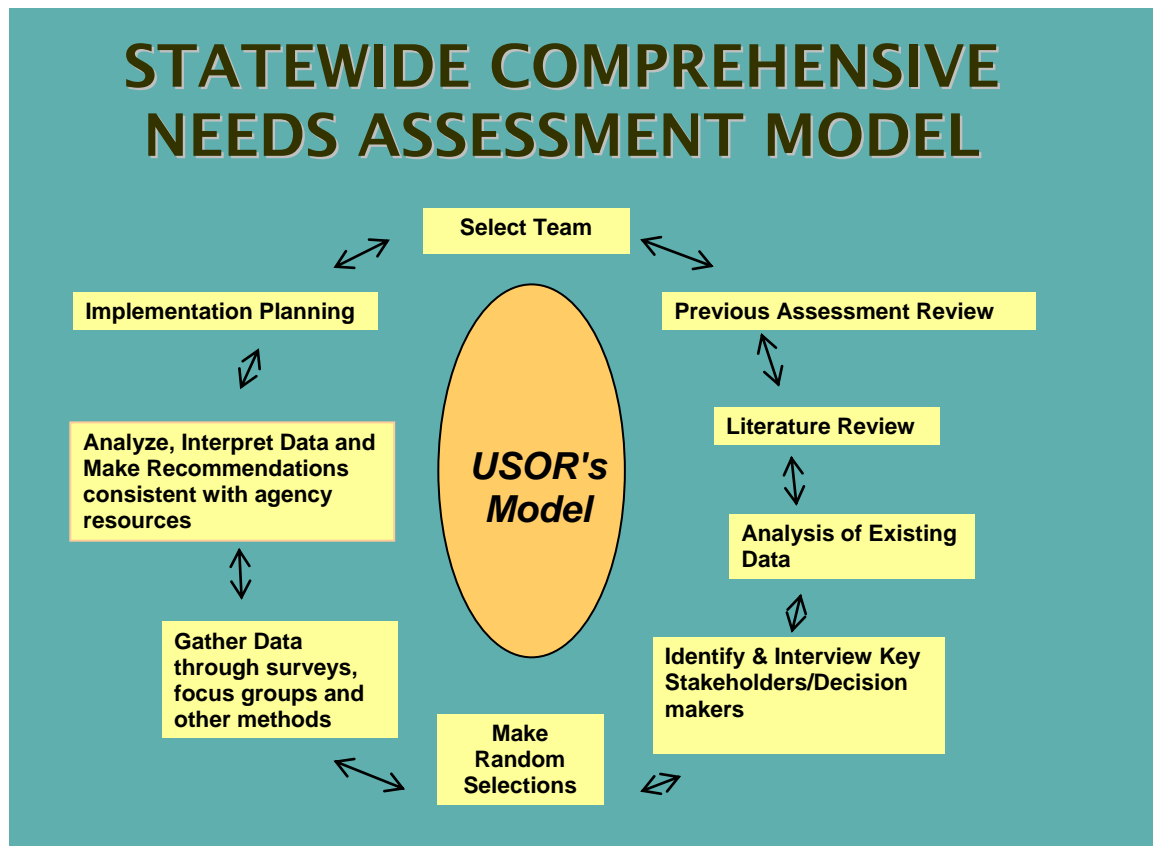


Figure 1: Pathway for completing the Statewide Comprehensive Needs Assessment

Evaluation Methods and Tools

- ▶ Random selection of participants.
- ▶ Surveys or questionnaires of Rehabilitation Counselors, open and closed clients.
- ▶ Focus groups of open and closed clients.
- ▶ Documentation review of trends in services among certain populations.
- ▶ Inquiry based on observations of perceived needs.

Methods and Tools to be considered for the 2010 Statewide Comprehensive Needs Assessment

- ▶ Focus groups with One Stop centers and other stakeholders and vendors.

- One-on-one interviews with clients.

Relationship to the State Plan

There is a cyclical relationship between the Statewide Comprehensive Needs Assessment and the State Plan. The assessment informs the writing of the State Plan and the review of progress towards goals on the State Plan informs the Statewide Comprehensive Assessment process. As needs are defined, addressed and shifted these two processes help to monitor the changes and define direction of future efforts. The next Statewide Comprehensive Assessment to be completed in 2010, in part, will evaluate the degree to which the following program goals were met.

- 1.) Assure that caseloads are manageable in order to increase and improve counselor-client interactions.
- 2.) Attract, value, and retain quality staff.
- 3.) Improve the general awareness of the availability of Vocational Rehabilitation Services.
- 4.) Increase and improve the level of service provided to students with disabilities transitioning from public education to employment.
- 5.) Assure that all staff have adequate professional development, training and supervision to successfully perform their jobs.

Standards of Performance

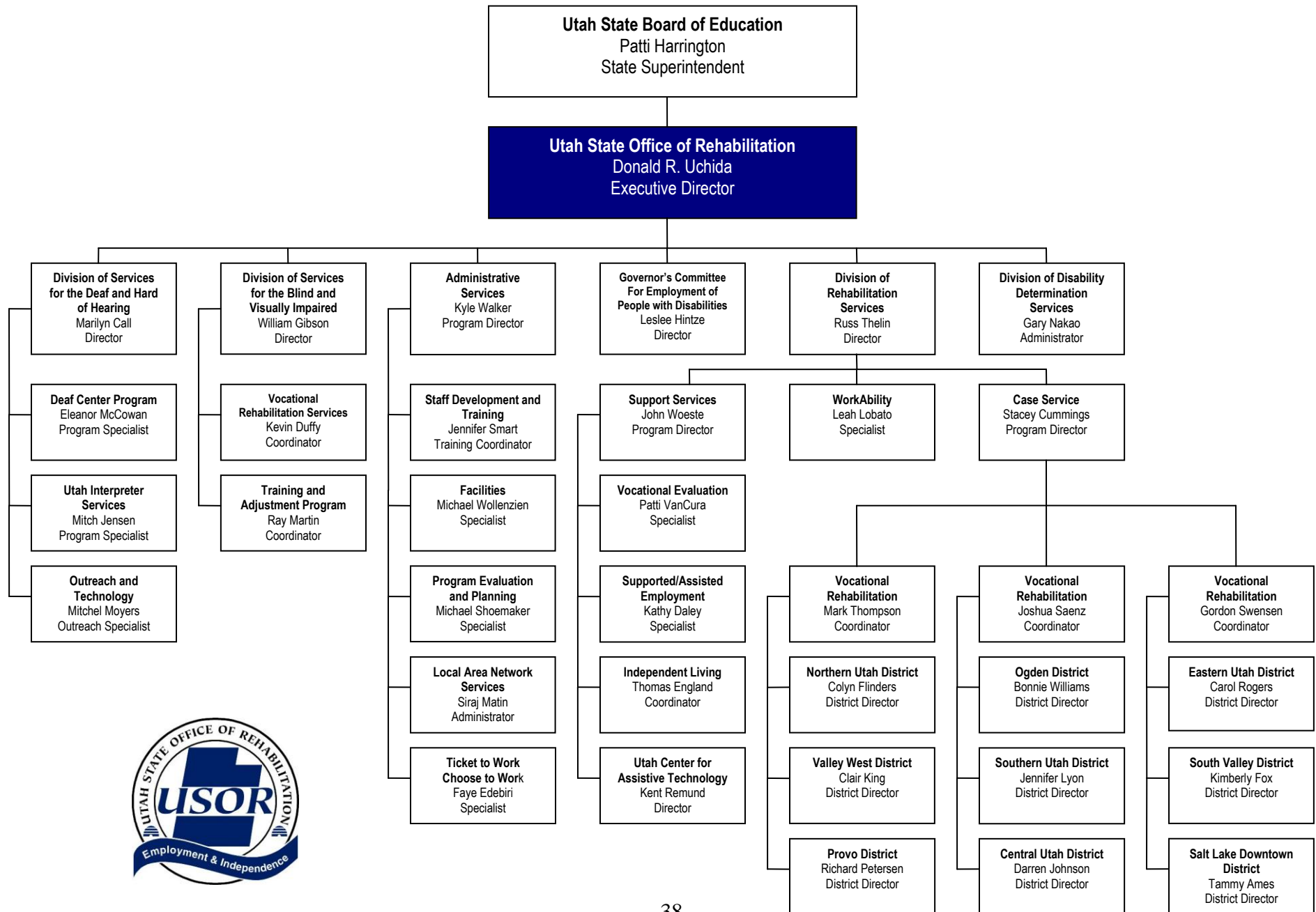
All employees of USOR will assist in the successful completion of the Statewide Comprehensive Assessment. When solicited to participate in a survey or other form of data gathering, USOR employees will actively participate and provide requested feedback. USOR Program and Planning will assure that USOR employees are informed in a timely manner prior to visits for data collection of when and where these activities will happen. The State Rehabilitation Council will be informed of the award of a contract for the Statewide Comprehensive Assessment and/or what information USOR Program Planning and Evaluation will collect or analyze and the timeframes for required objectives. All clients or previous clients that choose to participate will complete and sign required consent and confidentiality forms as part of the agreement to participate. If a research group is contracted to complete the assessment they will use standard and acceptable research methods and tools of statistical analysis when completing their work. In direct contact with clients or previous clients, these researchers are expected to adhere to USOR's values of: respect, dignity, trust, kindness, diversity, and integrity. Further collaboration or contracting will be based on how effectively the above expectations are met.

Contracted Work in 2009

In 2009, USOR will embark on three promising projects in program evaluation and quality assurance in partnership with several research groups. First, a contract has been developed and signed with the University of Utah Center for Public Policy and

Administration to conduct focus groups to inform the writing of a new consumer satisfaction survey. Second, several proposals have been submitted from research groups from state colleges or university to conduct an economic impact study that will identify the return on investment of vocational rehabilitation services statewide and by county. Third, we have received several proposals for the completion of our statewide comprehensive assessment. We anticipate that the results from these useful projects will have a significant positive impact for the planning, writing and implementation of the state plan in 2010.

APPENDIX A



APPENDIX B

Leadership Training Evaluation & Feedback

Thank you for your participation in this session of USOR's Leadership Development. We are interested in your feedback and assessment of our training session today. request you complete the following items and add any comments you would like to help improve these training sessions. PLEASE do not put your name on this form.

Training Sessions: XXI

(Please rate each of the following questions by circling the number best reflecting how you feel.)

5= "I love it!!"

4= "This is good stuff!"

3= "Yeah, this is helpful"

2= "C'mon, try harder!"

1= "Nope! No good."

1. Training Content	5	4	3	2	1
2. Training Presentation	5	4	3	2	1
3. Relativity to Job Duties	5	4	3	2	1
4. Usability in Your Job	5	4	3	2	1

Comments:

Ideas/Needs for Future Training:

Thank you!

APPENDIX C

USOR CASEFILE QUALITY ASSURANCE CHECKLIST

Dist/Counselor

CLIENT NAME _____ CASEFILE # _____
REVIEWER _____ STATUS _____ REVIEW DATE _____
(mm/dd/yyyy)

I. ELIGIBILITY DETERMINATION *(applies to all cases)*

A. Establishing Eligibility

- ☐ Yes ☐ No 1. Is there evidence of a physical or mental impairment?
- ☐ Yes ☐ No 2. Is there evidence and documentation that this impairment, for the person, results in a substantial impediment to employment?
- ☐ Yes ☐ No 3. Is there evidence and documentation that the person required vocational rehabilitation services to prepare for, secure, retain, or regain employment?
- ☐ Yes ☐ No ☐ NA 4. If there is/was evidence that the client was a recipient of SSA disability benefits (SSI or SSDI) at the time of application, was the individual presumed eligible?
- ☐ Yes ☐ No 5. Was the eligibility determination made within 60 days of the date of application, or was there written confirmation that the person agreed to an extension for a specified period of time?

If you answered "NO" to questions 1,2 or 3 please explain. If the case is currently receiving services, or closed Status 26, the case must be forwarded to the Case Service Program Director for review and disposition.

COMMENTS: _____

B. Use of Existing Information *(applies to all cases)*

- ☐ Yes ☐ No ☐ NA 1. Was existing information used, when available, to determine eligibility?

COMMENTS: _____

C. Disability Classification and Coding *(applies to cases in status 10 or above)*

- | | | |
|--|----|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. | Was the client's primary impairment and cause code accurately recorded on the 911? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | 2. | Was the client's secondary impairment and cause code accurately recorded on the 911? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. | Was the disability classification accurately documented (N, SD, MSD) in the casefile? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. | Does the 911 reflect the documented disability classification (N, SD, MSD) ? |

COMMENTS: _____

II. ESTABLISHING AND RECEIVING SERVICES

A. Comprehensive Assessment *(applies to status 12 & above)*

- | | | |
|--|----|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. | Was a comprehensive assessment of the client's rehabilitation needs conducted/documentated/used in the development of the IPE?
<i>(If no, skip to section II. B)</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. | Did the comprehensive assessment consider/address the clients primary employment factors when selecting the stated vocational goal? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. | Did the comprehensive assessment include restoration issues relevant to the disability? |

COMMENTS: _____

B. IPE *(applies to status 12 & above)*

- | | | |
|--|----|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. | Does the IPE document a specific vocational goal that was chosen by the eligible individual and the vocational rehabilitation counselor? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. | When the IPE was developed, did the individual receive information about agency dispute resolution options including: supervisory review and the right to request a formal hearing and the availability of CAP? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. | Was a restoration objective, relevant to the reason the client was found eligible, included on the IPE? |

- ☐ Yes ☐ No ☐ N/A
4. Were restoration services that addressed the client's functional limitations to employment planned for and initiated prior to or concurrently with the provision of additional services?
- ☐ Yes ☐ No
5. Did the consumer have informed choice in selecting services, service providers and settings of those services?
- ☐ Yes ☐ No
6. Are the services planned on the IPE and amendments needed to achieve the employment outcome?
- ☐ Yes ☐ No
7. Does the case file indicate that services were provided within the time frames identified on the IPE/amendments or the reasons for any delays documented?
- ☐ Yes ☐ No
8. Do the IPE and amendments include a description of the criteria to evaluate progress toward achievement of the employment outcome?
- ☐ Yes ☐ No
9. Was a thorough search for all comparable benefits conducted, including those available through DWS, and were any identified benefits utilized?
- ☐ Yes ☐ No ☐ NA
10. If the client attended a training program where PELL funds are available, did the client apply for a grant and utilize any monies received?
- ☐ Yes ☐ No ☐ NA
11. Was the client's ability to contribute considered through the use of the financial needs test and any required utilization documented?
- ☐ Yes ☐ No
12. Was the IPE signed by the client and the USOR VR Counselor?
- ☐ Yes ☐ No
13. Were all services provided included in the IPE or amendments, prior to their provision?
- ☐ Yes ☐ No
14. Were there any changes in the employment goal, services to be provided or service providers, requiring an amended IPE?
(If yes, go to 14a; if no, go to 15)
- ☐ Yes ☐ No
- 14a. Were the necessary amendments completed and signed prior to initiating the changes?
- ☐ Yes ☐ No ☐ NA
15. Was the most recently required annual review of the IPE conducted and was it signed by the client and a qualified USOR VR Counselor?

COMMENTS: _____

III. CLOSURE

A. All Closed Cases

- ☐ Yes ☐ No 1. Was the client notified in writing 30 days prior to actual closure of the intent to close the case?
- ☐ Yes ☐ No 2. At closure, was the client notified of their due process rights and options including the availability of CAP?
- ☐ Yes ☐ No 3. Are the reasons for the closure documented on the closure statement?
- ☐ Yes ☐ No 4. Is it documented that the client was involved in the decision to close the case file, or that there was a “good faith” effort on the part of the counselor to involve the client in the closure decision?

COMMENTS: _____

B. Status 26 Cases

- ☐ Yes ☐ No 1. Was there documentation that 90 days prior to closure the client was notified in writing of the intent to close the case?
- ☐ Yes ☐ No 2. Did the client obtain employment in an area consistent with the vocational goal listed on the IPE and/or amendments?
- ☐ Yes ☐ No 3. Is the client compensated at or above minimum wage?
(If no, go to 3a; if yes, go to 4)
- ☐ Yes ☐ No 3a. If earnings were less than minimum wage, is there justification of the lower wage consistent with the client’s informed choice?
- ☐ Yes ☐ No 4. Did the services provided contribute substantially to the achievement of an employment outcome, consistent with the informed choice of the individual? If “No”, explain: _____

- ☐ Yes ☐ No 5. Was the need for post employment services reassessed prior to closure?
(If yes, go to 8a; if no, go to Section IV)
- ☐ Yes ☐ No ☐ NA 5a. If a need for post employment services was identified, was a post employment plan developed?

COMMENTS: _____

IV. Other Comments

- ☐ Yes ☐ No
1.

Are there any other aspects of the case you wish to comment on? For example; recognition of work well done, general concerns, or recommendations for improvement

COMMENTS: _____

APPENDIX DUtah State Office of Rehabilitation
AUTHORIZATION AND BILLING FOR SERVICES

USOR-23

AUTHORIZATION FOR SERVICES:

1. You are hereby authorized to provide the client named below the services/materials not in excess of the amounts specified below and under the conditions set forth.

2. Billing instructions to vendor:

TO USE THIS FORM AS YOUR INVOICE, complete Section 2 and return original. If using company invoice, include client, district, caseload, authorization number, and list of itemized services/materials.

VENDOR:**CLIENT:****FCC:****SSN/FEIN:****VENDOR NO.:****SECTION 1: AUTHORIZATION FOR SERVICES**

District, Caseload, and Authorization Number (This number must appear on all bills.)	Date	Case Number	Case Status	Cost Code	Services

No service in excess of this authorization may be provided without prior approval of the rehabilitation counselor who has issued this authorization.

Date	Services/Materials to be Provided	Authorized Amount
------	-----------------------------------	-------------------

SALES TAX EXEMPT NO. E33399

Date Authorization Expires	This is to certify that upon receipt of your statement, provided for in Section 2 below, together with your written report, payment will be made to cover only the costs authorized in Section 1 above. Services and goods purchased by the Utah State Office of Rehabilitation must be transacted by all parties concerned without regard to race, sex, national origin, or physical or mental disability in compliance with Title VI of the 1964 Civil Rights Act, Title V of the Rehabilitation Act, and the Americans with Disabilities Act. In accepting this authorization, the vendor agrees not to make any charge to, or accept any payment from, the client without prior approval from the rehabilitation counselor who has issued this authorization.
----------------------------------	---

Counselor: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

SECTION 2: BILLING FOR SERVICES RENDERED

Date	Services/Materials Provided	Charge
------	-----------------------------	--------

I certify that services/materials have been provided as specified in this authorization/billing.

Signature:

Title:

Date:

APPENDIX E

TELEPHONE QUOTE BID SHEET

GENERAL INFORMATION

Agencies are authorized to obtain telephone quotes for purchases under \$1,000.00 without the involvement of the Division of Purchasing provided that:

1. At least two (preferably three) telephone quotations are obtained.
2. Award is made to the vendor submitting the lowest quote meeting minimum specifications and delivery date established by Agency.
3. Specifications and delivery date established by Agency is reasonable and not restrictive.
4. The information requested on the front of this sheet is provided and the sheet is attached to the warrant request.

NOTE: Contact the Division of Purchasing if assistance in identifying potential vendors is required.

INSTRUCTIONS TO AGENCY:

During the process of obtaining telephone quotes DO NOT disclose any information of other quotes obtained (including price, delivery, brand, etc.). This violates the competitive nature of receiving quotes and is unfair to other vendors quoting. After award, prices are public information.

The proper procedure for obtaining telephone quotes is as follows:

1. Identify Agency you represent.
2. Identify the item(s) or service required and any specifications; In describing specifications to vendors, features and functions or services desired should be the main focus. Brand Name/Model # can be used however, approved equals must be considered in making award. Write down all pertinent information (front of this sheet) on specifications of item(s) being quoted by vendors, or deviations from specifications required by Agency.
3. Give them the shipping destination and required delivery date.
4. Ask for unit price (including shipping) to supply the required item to the state. Unit price is the price of the item purchased including all shipping charges.
5. Ask for number of days required for delivery.
6. After obtaining telephone quotes, determine which is the lowest meeting minimum specifications and required delivery date.
7. Notify the successful vendor of the award.
8. Attach this sheet to warrant request with invoice for payment.

SOLE SOURCE REQUEST

Note: This Word document is designed to allow the requestor to complete each section and provide as much information as needed to fully respond. Please click on the grey fields to insert your information. Use your tab key to advance to the next field. Please complete all fields below. Requests missing information will be rejected and returned to requestor for completion.

Sole Source Procurement is appropriate only if a purchase requirement is reasonably available from a single supplier or if it otherwise qualifies under the attached Utah Administrative Code R33-3-401.

ALL SOLE SOURCE REQUESTS OVER \$1,000 MUST BE PRE-APPROVED BY STATE PURCHASING.

It is anticipated the procurement will result in a: (check one and in the appropriate field enter either the contract term for an agency contract or the RQS number for a purchase order)

Result	Action
Agency Contract	Email this form to kmisiak@utah.gov prior to contract negotiations. No RQS is required. Requested term of contract (include any renewal options):
Purchase Order	Enter RQS into FINET, insert the RQS Number , email this form along with a copy of the quotation from the vendor or to the appropriate State Purchasing Agent.

Department Requesting Authorization:	
Division:	
Contact Person and Title:	
E-mail Address:	
Phone Number:	

Product / Service to be purchased:	
---	--

Cost (include renewal periods):	
--	--

Recommended Supplier:	
Contact Person:	
E-mail Address:	
Phone Number:	
Address including zip code:	
FINET vendor number:	

Complete one of the following if no Finet number exists.

(If submitting a Social Security #, the persons' name must appear as it does on Social Security card.)

Federal Tax ID# (TIN): (9 Digits)						
Social Security # (9 Digits)						
Type of Supplier (check one):	<input type="checkbox"/>	corporation	<input type="checkbox"/>	medical provider (all types)	<input type="checkbox"/>	proprietorship/individual
	<input type="checkbox"/>	partnership	<input type="checkbox"/>	government	<input type="checkbox"/>	other

Sole source request is based on which of the following (check all that apply):

<input type="checkbox"/>	Compatibility of equipment/service (please complete sections A and B)
<input type="checkbox"/>	Trial or Testing (please complete section C)
<input type="checkbox"/>	Equipment/service is only available from a single supplier in the U.S. (please complete section A)
<input type="checkbox"/>	Compatibility of professional services (please complete section A)

Section A. GENERAL INFORMATION

1.	What is unique about this product / service to justify a sole source?
2.	Could the product/service be reasonably modified to allow for competition?
3.	Explain the market research performed to make the sole source recommendation?
4.	List the names of suppliers contacted, contact person and a summary of their response?
5.	Complete disclosure must be included with this request if the requestor has any personal, financial or fiduciary relationship with the recommended supplier. (Please Attach)

Section B. COMPATIBILITY OF EQUIPMENT/SERVICE

1.	Describe the existing equipment that this purchase must be compatible with; original purchase price and date of purchase.
2.	What is the remaining life expectancy of the existing equipment?
3.	What procurement method was used to purchase the existing equipment? (ITB, RFP, Sole Source) Provide the solicitation number, RX/RQS number, or sole source number:

Section C. TRIAL OR TESTING

1.	Why is the trial use or testing necessary?
2.	What is the anticipated end result of the trial or test?
3.	Do any other suppliers provide this product or service?
a.	If yes, list the company names:
b.	Will their products be tested?
4.	What criteria were used to choose this supplier?
5.	What is the scope/size and location of test or trial?

Requested by:			Approved:	
Agency Signature	Date		Kent D. Beers, Director	Date
Title:			Division of Purchasing	

NOTE: When submitted by email, type requestors' name on the signature line. The email will constitute the electronic signature.

R33-3-401 Conditions For Use of Sole Source Procurement.

Sole source procurement shall be used only if a requirement is reasonably available from a single supplier. A requirement for a particular proprietary item does not justify a sole source procurement if there is more than one potential bidder or offer for that item.

Examples of circumstances which could necessitate sole source procurement are:

- (1) where the compatibility of equipment, accessories, replacement parts, or service is the paramount consideration;
- (2) where a sole supplier's item is needed for trial use or testing;
- (3) procurement of items for resale;
- (4) procurement of public utility services.

The determination as to whether a procurement shall be made as a sole source shall be made by the procurement officer. Each request shall be submitted in writing by the using agency. The officer may specify the application of the determination and its duration. In cases of reasonable doubt, competition should be solicited. Any request by a using agency that a procurement be restricted to one potential contractor shall be accompanied by an explanation as to why no other will be suitable or acceptable to meet the need.

R33-3-402 Negotiation in Sole Source Procurement.

The procurement officer shall conduct negotiations, as appropriate, as to price, delivery, and terms.



Display an Authorizaiton



Client Number:

Vendor Number:

Ssn:

Status:

Case Load:

Dob:

Name:

Address:

City:

Phone:

Couns:

Detail

Print

Cancel

Vndr Nbr:

Vndr Nme:

Address:

City:

State:

Zip

Auth Date:

Auth Nbr:

Expire Date:

Division:

Services:

Cost Code:

Fiscal Cntl Cde:

Service Date

Service Materials

Auth Amount



Total Adjustments:

Bal Fwrd:

APPENDIX H

Dear Client,

This is your last chance to tell us what you think about the services you planned with your Vocational Rehabilitation (VR) counselor. The enclosed survey was sent to you before but we did not receive a completed survey from you. We wanted to give you one more chance to fill out the survey. No more surveys will be sent to you after this letter.

There is a number on the opposite side of the survey card. We will use this number to make sure you are not sent another survey if you have already returned the card to us. Your name and answers will be kept private. Your comments are important to us and will only be used to make our VR program better.

Please fill out the survey **within ten days** and return it to us. To return the survey, tear along the perforation and place the card in any mailbox. You do not need a stamp. If you would like an alternative format for the survey, please call 1-800-473-7500.

Thank you for your time.

Sincerely,

Don Uchida, M.S., CRC

Don Uchida
Executive Director
Electronic Signature

Utah State Office of Rehabilitation Consumer Satisfaction Survey

Please rate your satisfaction with the Vocational Rehabilitation (VR) services you received. Please place a checkmark in the box that you agree with the most.

SATISFACTION WITH VR SERVICES	Strongly Agree	Agree	Disagree	Strongly Disagree
My VR counselor explained what VR services I could receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My VR counselor understood my disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VR staff were courteous and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My VR counselor listened to my ideas and suggestions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was involved in making choices about my VR program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My VR plan fit with the kind of job I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My VR services prepared me for the kind of job I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was ready to go to work when I ended my VR program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job choices are better now than they were when I began the VR program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I'm satisfied with my VR services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT EMPLOYMENT	Yes	No	Doesn't Apply
I am currently working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work in the field I chose as my job goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive benefits at my current job. (Examples: health insurance, vacation.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My VR services helped me to get a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make any comments about your experience with the VR program in the space below.

☐ I completed this survey myself.

☐ I had help completing this survey.

APPENDIX I

UTAH STATE OFFICE OF REHABILITATION FY 2006-07 VR OPEN CONSUMER SATISFACTION AND NEEDS SURVEY

Hello, my name is _____

I am from the Center for Persons with Disabilities at Utah State University (USU) which is assisting the Utah State Office of Rehabilitation (USOR) in conducting a survey of people they are serving. They want to find out how well people like their services and how they can improve them. Not long ago we sent you a postcard explaining we would be calling.

We hope to survey about 350 people. The survey will take about 10 – 15 minutes, and there is minimal risk in participating. Participation is voluntary, your responses will be kept strictly confidential, and your decision as to whether to participate or not will not affect services you are receiving now or in the future. Only summarized data will be reported to USOR. Also, if you have questions at anytime you are welcome to contact the project director, Richard D. Baer, at (435) 797-7009 or USU's Institutional Review Board at (435) 797-1821.

Are you willing to help us by completing the survey?

☐ Yes ☐ No

Reason for not completing the survey:

☐ Refused

☐ Correct phone number not available ☐ Deceased

☐ Jail / Prison

☐ Military service / mission

☐ Other specify:

PART I:

For the first part of the survey, I will read some statements to you and would like you to tell me whether you strongly disagree, disagree, agree, or strongly agree with each of them. If you are unsure of don't know how you feel, just answer "I don't know." O.K., let's begin.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Refused
1. I am satisfied with how I am treated by my VR Counselor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am satisfied with how I am treated by other VR staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The VR orientation I attended helped me to understand the VR program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The VR orientation I attended helped me to understand how to apply for services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My eligibility for VR services was/ is being determined in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. It is easy to get to the VR office I use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My VR counselor helped me identify my abilities and interests when my plan for employment was developed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was given a choice in setting my vocational goal when my plan for employment was developed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The vocational goal identified in my plan for employment matched my interests and abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART I – continued:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Refused
10. My VR counselor is knowledgeable about community services to meet my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am able to choose the agencies or programs from which I receive services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I am satisfied with the community services I received through VR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My participation in the VR program is increasing my level of independence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Overall, I am satisfied with the services I received from VR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART II

In this last part of the survey, I am going to ask you about some of the difficulties that people with disabilities experience in trying to get a job. Are any of the following likely to make it hard for you to get a job:

	Yes	No	N/A	Refused
15. Is the <u>possible or actual</u> loss of benefits likely to make it hard for you to take a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If “YES,” which benefits would be affected?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a. Social Security?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15b. Medicaid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15c. Food stamps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15d. TANF/FEP benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15e. VA benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15f. Housing assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15g. Utility assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15h. Telephone assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Are problems with transportation likely to make it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART II – continued

	Yes	No	N/A	Refused
17. Are health or physical limitations likely to make it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Is sufficient education or training likely to make it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Is lack of work experience likely to make it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Are problems obtaining housing likely to make it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Are problems with child care likely to make it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Is discrimination by employers likely to make it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Are language or cultural barriers likely to make it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Are societal attitudes likely to make it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Are physical barriers likely to make it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Is the amount of hours you can physically work likely to make it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Conclusion

Are there any other comments you would like to make about the services you received from Voc Rehab?

If you have questions or comments about Voc Rehab or the services you received, please contact Elizabeth Sexton at the Utah State Office of Rehabilitation at 538-7546. Thank you very much for your time and feedback today. Goodbye.

APPENDIX J

UTAH STATE OFFICE OF REHABILITATION FY 2006-07 VR CLOSED CONSUMER SATISFACTION AND NEEDS SURVEY

Hello, my name is _____

I am from the Center for Persons with Disabilities at Utah State University (USU) which is assisting the Utah State Office of Rehabilitation (USOR) in conducting a survey of people they have served. They want to find out how well people liked their services and how they can improve them. Not long ago we sent you a postcard explaining we would be calling.

We hope to survey about 350 people. The survey will take about 10 – 15 minutes, and there is minimal risk in participating. Participation is voluntary, your responses will be kept strictly confidential, and your decision as to whether to participate or not will not affect services you might receive in the future. Only summarized data will be reported to USOR. Also, if you have questions at anytime you are welcome to contact the project director, Richard D. Baer, at (435) 797-7009 or USU's Institutional Review Board at (435) 797-1821.

Are you willing to help us by completing the survey?

☐ Yes ☐ No

Reason for not completing the survey:

☐ Refused

☐ Correct phone number not available ☐ Deceased

☐ Jail / Prison

☐ Military service / mission

☐ Other specify:

PART I:

For the first part of the survey, I will read some statements to you and would like you to tell me whether you strongly disagree, disagree, agree, or strongly agree with each of them. If you are unsure of don't know how you feel, just answer "I don't know." O.K., let's begin.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Refused
1. I was satisfied with how I was treated by my VR Counselor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I was satisfied with how I was treated by other VR staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The VR orientation I attended helped me to understand the VR program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The VR orientation I attended helped me to understand how to apply for services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My eligibility for VR services was determined in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. It was easy to get to the VR office I used.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My VR counselor helped me identify my abilities and interests when my plan for employment was developed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was given a choice in setting my vocational goal when my plan for employment was developed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The vocational goal identified in my plan for employment matched my interests and abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART I – continued:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Refused
10. My VR counselor was knowledgeable about community services to meet my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I was able to choose the agencies or programs from which I received services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I am satisfied with the community services I received through VR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My participation in the VR program is increasing my level of independence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. If I needed help again, I would come back to VR for services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Overall, I am satisfied with the services I received from VR.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART II

Now I would like to ask you about your current job situation. I will read a few statements to you. Please answer “yes” or “no” to each statement.

	Yes	No	Refused
16. Have you been employed since you received services from VR?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Did the services you received at VR help you to obtain employment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Are you currently employed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18a. How many hours a week do you work?	_____		
19. Are you currently working in the vocational area you planned for with you VR counselor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Do you have medical insurance through your employer?

☐ ☐ ☐

- ☐ None
 ☐ Medicare
 ☐ Private Insurance
 ☐ Spouse's plan
☐ Medicaid
 ☐ Primary Care Network
 ☐ Parent's plan
 ☐ Other specify: _____

21. Do you receive paid time off for vacation?

☐ ☐ ☐

22. Do you receive paid time off for illness?

☐ ☐ ☐

23. Are you satisfied with your chances for a promotion?

☐ ☐ ☐

PART III

In this last part of the survey, I am going to ask you about some of the difficulties that people with disabilities experience in trying to get a job. Did any of the following make it hard for you to get a job:

	Yes	No	N/A	Refused
24. Did the <u>possible or actual</u> loss of benefits make it hard for you to take a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If "YES," which benefits would be affected?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24a. Social Security?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24b. Medicaid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24c. Food stamps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24d. TANF/FEP benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24e. VA benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24f. Housing assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24g. Utility assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24h. Telephone assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Have problems with transportation made it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART III – continued

	Yes	No	N/A	Refused
26. Have health or physical limitations made it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Has the lack of education or training made it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Has lack of work experience made it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Have problems obtaining housing made it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Have problems with child care made it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Has discrimination by employers made it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Have language or cultural barriers made it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Has Societal attitudes made it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Have physical barriers made it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Has the amount of hours you can physically work made it hard for you to get a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Conclusion

Are there any other comments you would like to make about the services you received from Voc Rehab?

If you have questions or comments about Voc Rehab or the services you received, please contact Elizabeth Sexton at the Utah State Office of Rehabilitation at 538-7546. Thank you very much for your time and feedback today. Goodbye.

APPENDIX K

Vocational Rehabilitation Counselor Survey

Thank you for taking the time to complete the Vocational Rehabilitation Counselor Survey Questionnaire below. It is a part of the Utah State Office of Rehabilitation's *Comprehensive Statewide Assessment of the Rehabilitation Needs of Individuals with Disabilities 2006-07*. The information you and your fellow counselors provide will help USOR in planning to better serve people with disabilities. This, of course, includes finding better ways to support your work as a vocational rehabilitation counselor.

USOR has contracted with Utah State University's (USU) Center for Persons with Disabilities (CPD) to conduct the counselor survey. They will be emailing you with instructions for how to complete it online. We intend to survey all 200+ counselors and estimate it will take each approximately an hour to complete it. There is minimal risk in participating, and your individual responses to the questionnaire items will be kept confidential and not be reported to USOR. Only aggregated data will be reported. Also, if you have any questions please feel free to contact the project director, Richard D. Baer, at (435) 797-7009 or USU's Institutional Review Board at (435) 797-1821.

Again, thank you for your participation.

Today's Date: ____/____/____ Counselor's Name: _____

PART A: EXPERIENCE AND TRAINING

- A1. How long have you worked as a vocational rehabilitation counselor? ____ years
- A2. How long have you worked for this state VR agency? ____ years
- A3. Did you work in VR prior to becoming a counselor?

____ Yes

What was your job title? Check all that apply.

____ VR Counselor

____ Vocational Evaluator

- _____ Employment Counselor
 - _____ Disability Advocate
 - _____ Private Case Manager
 - _____ Other specify:
-

_____ No

A4. Have you worked as a counselor outside the field of VR?

_____ Yes

In what field? How long? Check all that apply

- | | |
|-----------------------------------|-----------------------|
| _____ Social Work | How long: _____ years |
| _____ Psychology | How long: _____ years |
| _____ Mental Health | How long: _____ years |
| _____ Career Counselor | How long: _____ years |
| _____ Academic Counselor | How long: _____ years |
| _____ Marriage & Family Counselor | How long: _____ years |
| _____ Other specify: _____ | How long: _____ years |
| _____ Other specify: _____ | How long: _____ years |

_____ No

A5. What is the highest level of education you have completed? (**CHECK HIGHEST LEVEL ATTAINED**)

- _____ Baccalaureate degree in rehabilitation counseling
- _____ Baccalaureate degree in related field (e.g., social work)
- _____ Baccalaureate degree in another field
- _____ Master's degree in rehabilitation counseling
- _____ Master's degree in related field (e.g., social work)
- _____ Master's degree in another field
- _____ Ph.D. or other doctoral degree

A6. Are you currently working toward an advanced degree or certificate in rehabilitation counseling or a related field (e.g., social work)?

_____ Yes

_____ No → **GO TO QUESTION A8**

A7. What degree are you currently seeking?

_____ Master's degree

_____ Ph.D. or other doctoral degree

_____ Non-degree courses toward certified rehabilitation counselor (CRC) eligibility

_____ Other specify:

A8. Are you a certified rehabilitation counselor (CRC)?

_____ Yes

_____ No

A9. When you were hired in your present job, did the VR agency provide you with any orientation training on the case service manual?

_____ Yes

How long did the training last? _____ days

_____ No

A10. Did you:

_____ Target VR as a career or

_____ Just fall into it?

A11. Do you intend to stay in VR for your career?

_____ Yes

_____ Maybe

_____ No

A12. If yes, do you intend to:

- _____ Remain a counselor or
_____ Move into management

A13. In the past year have you received inservice training on any of the following topics? Please note whether the training you received was purchased from an outside provider or conducted by VR agency staff.

	<u>Yes</u>	<u>Purchased</u>	<u>Staff</u>	<u>No</u>
a. Eligibility determination	_____	_____	_____	_____
b. Extended evaluation	_____	_____	_____	_____
c. Vocational evaluation	_____	_____	_____	_____
d. IPE	_____	_____	_____	_____
e. Supported employment	_____	_____	_____	_____
f. Caseload management	_____	_____	_____	_____
h. Job placement	_____	_____	_____	_____
i. Post-employment services	_____	_____	_____	_____
j. New client populations	_____	_____	_____	_____
(specify) _____				
k. Functional aspects of disability	_____	_____	_____	_____
l. 1992 amendments to the Rehabilitation Act	_____	_____	_____	_____
m. Americans with Disabilities Act (ADA	_____	_____	_____	_____
n. Other	_____	_____	_____	_____
(specify) _____				

A14. Have you ever been a client of a state VR agency?

_____ Yes

_____ No

A15. Do you have a disability?

_____ Yes

What type?

_____ Cognitive

_____ Motor

_____ Mental Illness

_____ Deaf / Hard of Hearing

_____ Blind / Visually Impaired

_____ Multiple

_____ Other

specify: _____

_____ No

A16. Of the following factors, what are the three you consider to be most important in being an effective vocational rehabilitation counselor? (*Please rank the three most important factors from 1--most important--through 3*).

RANK

a. Formal education _____

b. VR agency training _____

c. Experience over time _____

d. Personal commitment to the success of your clients _____

e. Interpersonal skills _____

f. Organizational skills _____

g. Other _____

(specify) _____

PART B: CASELOAD INFORMATION

B1. What was the size of your active caseload at the end of the last quarter?
_____clients

B2. Do you have a specialized caseload (for example, a caseload with more than 50 percent of clients with one disability, or a "school," "correctional facility," or "limited English proficient" assignment)?

_____ Yes

What type?

- _____ Deaf / Hard of Hearing
- _____ Drug & Alcohol
- _____ Students Transitioning from High School
- _____ Spanish Speaking
- _____ Correctional
- _____ Other specify:

_____ No

B3. Approximately what percentage of your active caseload at the end of the last quarter were clients with severe disabilities?
_____ %

B4. In the last quarter, approximately how many of your closed cases were:

- _____ Status 08 closures
- _____ Status 26 closures
- _____ Status 28 closures
- _____ Status 30 closures

B5. In an average month, what percentage of your time do you spend on each of the following activities?

_____% Eligibility determination
_____% Counseling and guidance
_____% Vocational evaluation services
_____% IPE development
_____% Job development and placement
_____% File management and documentation
_____% Other activities

100% **TOTAL**

B6. Do you sign your own service plans?

____ Yes
____ No

B7. Does someone else need to approve your service plans?

01 ____ Yes
a. Please specify job title_____
02 ____ No

B8. Are you able to authorize payment for services without supervisor approval?

____ Yes, all payments
____ Yes, but only for payments under \$____ (**specify**)
____ Yes, but only payments for particular types of services
____ No

<p>PART C: DECISION MAKING</p>

C1. Please indicate for each of the areas listed below if decisions are usually made based (1) solely on your own judgment (with client input), or (2) on your

judgment after seeking consultation from your supervisor, or (3) on required formal supervisor approval.

	<u>Solely My Judgment</u>	<u>Supervisor Consultation</u>	<u>Required Approval</u>
Eligibility	_____	_____	_____
Need for vocational evaluation	_____	_____	_____
Amount of vocational evaluation	_____	_____	_____
Vocational goal	_____	_____	_____
Intermediate objectives	_____	_____	_____
Type and amount of services	_____	_____	_____
Job placement	_____	_____	_____
Closure status	_____	_____	_____
Need for postemployment services	_____	_____	_____

C2. Please indicate if decisions in each of the areas listed below are determined primarily by your clients, yourself (within the boundaries of agency policy), or by an approximately equal combination of the two.

	<u>Client</u>	<u>Counselor</u>	<u>Equal</u>
Vocational goal	_____	_____	_____
Intermediate objectives	_____	_____	_____
Type of services to be received	_____	_____	_____
Amount of services to be received	_____	_____	_____
Provider of services	_____	_____	_____
Frequency of communication with counselor	_____	_____	_____
Time in VR processes	_____	_____	_____
Type of job placement	_____	_____	_____

C3. Of the following, what are the three factors that pose the greatest obstacles to increased client choice in the VR process? (***Please rank the three greatest obstacles from 1--greatest obstacle--through 3).***

RANK

- _____ a. Federal regulations
 - _____ b. State VR agency policy
 - _____ c. Necessity to control case services costs
 - _____ d. Limited availability *of* service providers
 - _____ e. Limited availability of appropriate employment opportunities
 - _____ f. Unrealistic client goals
 - _____ g. Other (*Please specify*)
-

C4. Which of the following client characteristics do you believe are the five best indicators of a client's likelihood to achieve a 26 closure? (*Please rank the five best indicators from 1--best indicator--through 5*).

RANK

- _____ Type of disability
 - _____ Severity of disability
 - _____ Personal and social history
 - _____ Work history
 - _____ Intellectual capacity
 - _____ Work tolerance
 - _____ Occupational skills
 - _____ Work habits
 - _____ Emotional stability
 - _____ Level of motivation to succeed
 - _____ Extent of family support
 - _____ Education level
 - _____ Gender
 - _____ Socio-economic status
 - _____ Other specify:
-

PART D: SERVICE COORDINATION

- D1. In an average week, approximately how many hours do you spend arranging or coordinating services for clients, and otherwise collaborating with service providers (e.g., meeting with providers, telephone conferences with providers, etc.)? _____ hours
- D2. In an average week, approximately how many hours do you spend on-site at one or more providers of services to your clients? _____ hours
- D3. Is the amount of time you spend on-site with a service provider adequate to ensure that services are being delivered in accordance with each client's IPE?
_____ Yes
_____ No
- D4. Does the size of your caseload allow you enough time to spend with each of your clients throughout their VR experience?
_____ Yes
_____ No
- D5. Are there any specific rehabilitation or related services needed by your clients that are insufficiently available to meet the demand?
_____ Yes

What specific services?

- _____ Transportation
- _____ Assistive Technology
- _____ Personal Care
- _____ Restoration
- _____ Education/Training
- _____ Additional Supports (e.g. mental health, supported employment)

_____ Other specify:

_____ No

D6. In recent years, a number of factors have had an impact on the way VR counselors are able to provide services for individuals with disabilities. For each of the following, please specify whether the factor has had a positive effect, a negative effect, or no effect on **your** ability to deliver services to your client population.

	Postive Effect	Negative Effect	No Effect
a. Federal statutory changes..	_____	_____	_____
b. State statutory/regulatory changes	_____	_____	_____
c. State economic conditions	_____	_____	_____
d. Changes in funding levels	_____	_____	_____
e. Changes in the types of jobs available	_____	_____	_____
f. Implementation of supported employment	_____	_____	_____
g. Increased number of clients with severe disabilities	_____	_____	_____
h. Increased number of clients with limited work history	_____	_____	_____
i. Increased number of clients with limited English	_____	_____	_____

PART E: ORGANIZATIONAL EFFECTIVENESS

Listed below are statements that describe organizational effectiveness. Choose your response from the following scale.

- | | | | | |
|----------------------|----------|---------|-------|-------------------|
| Strongly
Disagree | Disagree | Neutral | Agree | Strongly
Agree |
| 1 | 2 | 3 | 4 | 5 |
- E1. _____ Most employees in this office are highly involved in their work.
- E2. _____ A set of "key values" governs the way that we do business.
- E3. _____ This office continually adopts new and improved ways to do work.
- E4. _____ This office has a clear mission that gives direction and meaning to our work.
- E5. _____ Cooperation and collaboration across functional roles is actively encouraged.
- E6. _____ There is a high level of agreement about the right way to do things in this office.
- E7. _____ Clients' comments and recommendations often lead to changes in this office.
- E8. _____ The people in this office understand what needs to be done for us to succeed in the long run.
- E9. _____ Working in this office is like being part of a team.
- E10. _____ Our approach to doing business is very consistent and predictable.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

E11. _____ This office is very responsive and changes easily.

E12. _____ This office has a long-term purpose and direction.

E13. _____ Decisions in this office are usually made at the level where the best information is available.

E14. _____ This office has a strong culture.

E15. _____ Attempts to change this office often meet with resistance.

E16. _____ We have a shared vision of what this office will be like in the future.

<p>PART F: ORGANIZATIONAL CULTURE</p>
--

The following statements describe types of operating values which may exist

in your local office. Please indicate the extent to which each statement describes your office. None of the descriptions is any better than the others; they are just different.

Choose your response from the following scale:

<u>Low</u>				<u>High</u>
1	2	3	4	5

Fl. _____ Utah's VR agency is a very personal place. It is like an extended family. People seem to share a lot of themselves.

- F2. _____ Utah's VR agency is a very dynamic and entrepreneurial place. People are willing to stick their necks out and take risks.
- F3. _____ Utah's VR agency is a very formal and structured place. People pay attention to procedures to get things done.
- F4. _____ Utah's VR agency is a very production oriented place. People are concerned with getting the job done.
- F5. _____ The glue that holds Utah's VR agency together is loyalty and tradition. Commitment runs high.
- F6. _____ The glue that holds Utah's VR agency together is commitment to innovation and development. There is an emphasis on being first with products and services.
- F7. _____ The glue that holds Utah's VR agency together is formal rules and policies. Following rules is important.
- F8. _____ The glue that holds Utah's VR agency together is an emphasis on tasks and goal accomplishment. A production and achievement orientation is shared.

Low

1

2

3

4

High

5

- F9. _____ Utah's VR agency emphasizes human resources. Morale is important.
- F10. _____ Utah's VR agency emphasizes growth through developing new ideas. Generating new products or services is important.
- F11. _____ Utah's VR agency emphasizes permanence and stability. Efficiency is important.
- F12. _____ Utah's VR agency emphasizes outcomes and achievement. Accomplishing goals is important.



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